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ABSTRACT

This manual is designed as a laboratory experience guide and workbook for postsecondary students in courses on nutrition, health, and safety in a child care setting. It is divided into five units: (1) Principles of Nutrition, (2) Meals and Snacks, (3) Safety, (4) Health and Hygiene, and (5) Illness. Each unit includes performance objectives, an overview of the unit topic, suggested readings for in-depth study, and laboratory experiences that provide opportunities for the student to observe and participate in activities related to the unit topic in a child care setting. For each observation or participation experience, a sheet is provided that details the learning objective and directions and provides key questions to be answered. Each unit includes participation evaluation forms to be completed when the instructor observes the student during a participation exercise. Other components of the manual are "Guidelines for Successful Lab Experiences," a glossary, and a bibliography. (YLB)

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Nutrition, Health, and Safety for Child Caregivers: Student Laboratory Manual

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Introduction

Nutrition, Health, and Safety for Child Caregivers is designed to guide you as you learn about nutrition, health, and safety for young children. The experiences in each unit are designed for use with your course on nutrition, health, and safety. The laboratory (lab) experiences require you to observe and participate in the care of young children in a child care setting.

The manual is divided into five units plus a glossary and a bibliography. Each unit includes: Performance Objectives, An Overview, and Lab Experiences. The objectives list what you should be able to do after you finish the unit. The unit overview gives information on the unit topic. At the end of the overview, several books are listed. Read these references for more information. The lab experiences provide opportunities for you to observe and participate in activities related to the unit topic in a child care setting. Observation experiences require you to observe caregivers and children in action, and answer questions about your experiences. Participation experiences require you to plan activities and work directly with the children. Each unit includes Participation Evaluation forms to be completed when your instructor observes you during a participation experience.

Nutrition, Health, and Safety for Child Caregivers is a workbook. Write your descriptions of the lab experiences in the manual. These lab experience reports may be turned in to your instructor for evaluation and feedback. This manual will assist you in gaining knowledge, skills, and positive attitudes about promoting nutrition, health, and safety in the child care center. The classroom learning experiences provided by your instructor and your reading assignments will help you become a competent child caregiver.

Guidelines for a Successful Lab Experience

You and your instructor will work together to decide which laboratory (lab) experiences you will do in each unit. Some courses may allow enough time for you to complete all of the lab experiences. Whichever activities you do, the following guidelines will help you have successful lab experiences.

1. *Always read the unit overview and assigned readings.* You will need an understanding of the topic before you begin your observation and participation experiences.

2. *Notice the learning objective of each lab experience before beginning the experience.* The learning objective tells you the purpose of the lab experience. Reaching this learning objective will help you achieve one of the performance objectives at the beginning of the unit.

3. *Read and follow the directions for each lab experience carefully.* When you have completed the experience, answer the key questions for the lab experience.

4. *Plan ahead.* Work with your course instructor to plan which lab experiences you will complete and where they will be carried out. Work also with the caregiver of the room or group where you will be carrying out your lab assignment. Together, plan the date, time, and group of children you will work with. Get both your instructor's and the caregiver's approval for the lab experience you are planning. Be sure that both your instructor and the child caregiver know what you will be doing each time you visit.

5. *Be reliable.* If you are scheduled to be at the child care center to conduct an experience with the children, be sure to arrive on time and follow through with your plans. Most experiences will take 30 to 60 minutes depending on whether you are participating or observing.

6. *If you are already employed at a child care center, work with both your instructor and your center director to schedule your lab experiences.* You may be able to complete some of the experiences with your own group of children. If you need to visit other rooms in your center or another center, you will want to check this out with your instructor and the director.

Performance Objectives

Principles of Nutrition
Unit I

Essential Nutrients

- Explain the function of essential nutrients in the body including proteins, carbohydrates, fats, vitamins, minerals, and water.
- Give examples of foods which are good sources of proteins, carbohydrates, vitamins, and minerals.
- Describe the digestion and utilization of nutrients by the body.

Food Groups

- Name foods in each of the five groups of the USDA Daily Food Guide.
- Outline the nutrient contributions of each of the five food groups.
- State the number of servings from each food group recommended by the USDA Daily Food Guide for preschoolers, school-age children, adolescents, and adults.

Nutrition, Growth, and Development

- Name ways that nutrition influences growth, development, and behavior of young children.
- Measure and record children's height and weight.
- List possible signs of poor nutrition.
- Describe the effects of poor nutrition on the growth and development of the child.
- Explain how to prevent common dietary problems in young children.

Nutrition Information for Young Children and Their Parents

- List the goals of nutrition education in a child care program.
- Model and provide age-appropriate nutrition experiences for young children.
- Demonstrate ways of involving parents in a nutrition education program.

Individual Nutritional Needs

- Demonstrate ways to use dietary customs of the local community in planning a child care center nutrition program.
- Work with parents to individualize a child's diet when family values or physical factors necessitate dietary restrictions.
- Discuss special dietary consideration for children with special health or physical problems.

An Overview

Nutrition includes the food you eat and the way your body uses that food. Caregivers who understand basic nutrition concepts can promote good nutrition for the children in their care. This overview summarizes some of these concepts. Study the references listed at the end of the overview for more detailed information.

Essential Nutrients

Nutrients are the substances found in foods that are needed by the body to live. Nutrients help the body function. There are six known groups of nutrients: proteins, carbohydrates, fats, vitamins, minerals, and water. Most foods contain several nutrients. For example, some meats contain the mineral iron, as well as protein and fat. Foods vary in the amount and type of nutrients they contain. For this reason, people must eat a variety of foods to be sure they get enough nutrients.

Protein plays an important part in several body processes. Two of protein's functions are the repair of damaged tissue and the growth of new tissue. During times of rapid growth, the body needs more protein. These periods include infancy, adolescence, and pregnancy. Good sources of protein include milk, cheese, eggs, meats, nuts, beans, and peas.

Carbohydrates are used to meet the body's energy needs. The body needs energy for voluntary functions, those functions which a person can control. For example, talking, walking, and running are voluntary functions. The body also needs energy for involuntary functions which a person does not control, such as digestion and breathing. Foods containing sugars and starches are good sources of carbohydrates. Sugars are found in fruits, honey, and foods which contain sugar. Starches are found in breads, noodles, cereals, and some vegetables, such as potatoes and corn.

Fats provide the body with another source of energy. In the body, fats store unused energy and help in the use of certain vitamins. Fats are found in both animal and plant cooking oils, butter, and nuts.

Foods rich in the two energy nutrients, simple carbohydrates and fats, generally contain a great number of *calories.* Calories are the measurement of the amount of energy available in foods. All foods have some calories. Some foods have more than others. When foods with more calories than the body needs are eaten, the extra energy is stored in special fat cells in the body until needed.

Vitamins are nutrients needed by the body in small, specific amounts. A person may develop a vitamin *deficiency* and become ill if the body does not get enough of a vitamin. A well-balanced diet supplies vitamins in the proper amounts. There are many kinds of vitamins, and each one helps the body in one or more specific activities. Some of the vitamins and their functions are described in the following paragraphs.

Vitamin A promotes healthy skin and vision, as well as normal growth. A lack of vitamin A can cause night blindness. In young children, lack of vitamin A can cause a serious delay in bone growth. Good sources of vitamin A include yellow and leafy green vegetables, such as carrots, sweet potatoes, and broccoli. Vitamin A is also found in milk, liver, butter, and egg yolks.

Vitamin D helps the body use minerals needed for bone and tooth development. When bones are forming and hardening, a lack of vitamin D may result in bowed legs. Vitamin D is formed in the skin when sunlight is absorbed through the skin. However, it is difficult to get enough vitamin D from exposure to the sun. Most milk, therefore, has vitamin D added to it. This milk is called "fortified." If enough fortified milk is drunk, the requirement for vitamin D will be met.

The *B vitamins* include several related vitamins. They are important in the breakdown of carbohydrates, fats, and proteins during digestion. Individual B vitamins may serve other specific functions in the body. For example, vitamin B_{12} is needed for growth and blood formation. A deficiency of vitamin B_{12} can cause anemia or digestive disorders. Sources of the B vitamins include liver and other organ meats, and enriched and whole breads and cereals.

Vitamin C or *ascorbic acid* helps the body use some minerals. It also plays an important part in the healing process as new tissue is formed. Signs of vitamin C deficiency include bleeding or swollen gums, slow healing of injuries, and a poor appetite. Vitamin C cannot be stored in the body. For this reason, it is necessary to include a source of vitamin C in the diet every day. Good sources of vitamin C are oranges and other citrus fruits, as well as cabbage, cauliflower, and tomatoes.

Minerals are a group of nutrients which help to regulate body processes. In addition, specific minerals can play a variety of roles in body functions. For example, calcium and phosphorus are especially important for bone growth and hardening, as well as for the formation of teeth. Another mineral, iron, is necessary for healthy blood. A lack of iron can cause *anemia.* An anemic person may be pale, have a poor appetite, and be tired much of the time. Good food sources for calcium and phosphorus include milk, cheese, and foods made from milk or cheese. To get enough iron, include meats (especially liver), spinach, and dried fruits in the diet.

The last nutrient, *water*, makes up about 60 percent of the body. Blood, and all body cells, contain water. Foods and liquids supply water in your diet, but drinking additional water is important for health.

Food Groups

Careful planning is needed to make sure enough of these nutrients are included in the diet. The United States Department of Agriculture has developed a Daily Food Guide to help. The guide divides foods into food groups which are based on the nutrients. Five food groups are identified: Milk and Milk Products, Vegetable and Fruit, Meat and Legumes, Bread and Cereal, and Fats and Sweets. Recommended numbers of servings per day are given for each of the first four groups for various age ranges. The Fats and Sweets group is not considered necessary for health. Using this guide to plan meals helps assure an adequate amount of nutrients for each age group.

Nutrition, Growth, and Development

Nutrition has an important role in the growth and development of children. When nutrition is adequate, children grow and reach their normal height and weight. At the same time that children grow physically, they are also developing skills in the social, emotional, and intellectual areas. Good nutrition helps assure that children reach their best levels of development in all these areas. Throughout childhood, nutritional needs will depend on the rates of growth and development.

During the first year of life, a child's growth rate is faster than at any other time. A child's birth weight usually triples within the first year. Nutrient needs are very great. These needs are first met by milk, either breast milk or a commercial formula. Later, an infant needs a wider variety of nutrients. By the age of three months, the infant's natural supply of iron begins to run out. The infant now needs iron in the diet. This can be supplied through iron supplements or iron-fortified cereals. By the age of six months, the infant's nutritional needs call for the introduction of solid foods.

During the second and third years of life, growth rates vary. At times, the rate is slower and the child may have a smaller appetite. However, the need for a wide variety of foods which can supply all the needed nutrients is essential. Using the USDA Daily Food Guide to plan for a variety of foods will help caregivers meet the nutritional needs of most children.

When children fail to receive the proper variety and amounts of foods, they can develop dietary problems. Common dietary problems among children include *dental caries* and *obesity*. Either of these problems can result when the diet contains too many *empty calories*. "Empty calories" is a term which describes food that offers few nutrients except simple carbohydrates. For example, candy, soft drinks, sugar-coated cereals, and salted chips are high in calories but low in nutritional value. Any time the body takes in more food than is needed, obesity can result. Sometimes this happens in infancy because the parents believe that fat babies are healthier babies. Fat babies are not healthy. Being overweight in infancy may lead to a lifelong struggle against obesity as well as an increased risk of disease. A person also increases the risk of dental caries when too many foods containing sugars are eaten.

Nutrition Information

Considerations in planning a nutrition education program for young children include an awareness of family and community cultures, characteristics of each stage of development, and basic nutrition concepts.

Food habits develop early and are influenced by the important people in a child's life. For example, a caregiver's attitude about food can create the same attitude in the child. A caregiver who has an open mind about foods and who demonstrates healthful eating practices can help children develop good eating habits. Parents also play an important role in promoting good health habits in young children. Awareness of foods served frequently in the home can help in developing an effective nutrition program. If a new food is served with a familiar food, children are more likely to try the new food.

At each developmental stage, children are capable of learning about nutrition. Infants learn about the variety, texture, and taste of foods. Toddlers learn to name the foods they eat, and learn to enjoy eating. Preschool children can begin learning how how to classify foods into groups. At any age, the more the children are involved in mealtime preparation and routines, the more interest they will have in acquiring simple nutrition concepts. When children wash and tear the lettuce for a salad, they are more likely to want to eat the salad at mealtime.

Individual Needs

Child care centers may be asked to provide meals to meet the special needs of individual children. These needs may arise from values and beliefs, or from physical conditions requiring specific dietary practices.

One dietary pattern that is different from the meals served in most centers is the *vegetarian* diet. Families who follow this pattern do so because of their values and beliefs. The three types of vegetarian diets are: *vegan-vegetarian* which includes only vegetables, the *lacto-vegetarian* in which milk and milk products are included, and the *lacto-ovo-vegetarian* in which milk, milk products, and eggs are included. The challenge, especially with the vegan-vegetarian diet, is to ensure adequate protein intake.

Other families may observe dietary practices such as eating or not eating a certain food one day of the week. Families also may request that certain combinations of food be avoided.

In some cases, physical disorders make special dietary planning necessary. Such disorders as phenylketonuria; galactosemia; diabetes; allergies; and kidney, heart, or liver diseases require a doctor's supervision. The diet recommended by the doctor or nutritionist for the disorder should be followed exactly by the child care center.

Phenylketonuria is an inherited disorder in which the body cannot digest certain foods, including milk. A blood test for the disorder is administered shortly after birth. Mental retardation results without a special diet.

Galactosemia is another disorder requiring professional supervision. Some results of the disorder are mental retardation, cataracts, jaundice, poor appetite, and a failure to thrive. A strictly controlled diet excluding milk in any form is required. In some children, small amounts of milk are added to some foods in the diet after age five or six. These children often take a calcium supplement.

Diabetes is a disease in which the body cannot control its own blood glucose (sugar) levels. Treatment may include shots of insulin as well as a carefully controlled diet. Foods containing any form of sugar are limited. Since carbohydrates are converted to sugar in the body, foods high in this nutrient are also limited.

Allergic reactions to food can cause nausea, constipation, diarrhea, breathing difficulties, or skin or mouth irritations. The reaction may not be apparent for as long as 72 hours after the food is eaten. The treatment for such allergies is to find which food is causing the reaction and remove it from the diet. In infancy, it is important to introduce new foods one at a time so that allergic reactions can be quickly noted. Foods to which children are commonly allergic include wheat, milk, eggs, some fish, and some fruits, such as oranges.

When any special dietary conditions occur, it is important to cooperate with families, doctors, and dietitians. Families can provide helpful information to the center so food preparation in the home and center is similar.

REFERENCES

Endres, Jeannette, and Rockwell, Robert E. *Food, Nutrition, and the Young Child.*

Hutchins, Bobbie. *Child Nutrition and Health.*

Marbach, Ellen S., et al. *Nutrition in a Changing World: A Curriculum for Preschool.*

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 1

LEARNING OBJECTIVE

Recognize indications of health in children.

DIRECTIONS

1. Review references to find what factors indicate good health in a child.
2. Arrange to observe a group of children under five years of age.
3. As you observe, be alert for behaviors and physical characteristics which are indications of a healthy child.
4. Answer the questions below.

KEY QUESTONS

List three *behaviors* you observed which indicate a child is healthy.

a.

b.

c.

List five *physical characteristics* you observed which indicate a child is healthy.

a.

b.

c.

d.

e.

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 2

LEARNING OBJECTIVE

Provide age-appropriate experiences which promote awareness of simple nutrition concepts for children under 36 months old.

DIRECTIONS

1. Select one (or more if assigned by your instructor) of the nutrition awareness experiences shown for children under 36 months old.
2. Check with the caregiver of the group to decide which child(ren) might be involved.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: Which Can You Eat? *Approximate age(s):* Over 18 months
Purpose(s): To identify nutritious foods; to distinguish between food and nonfood items
Child(ren) who might be involved: _____
Materials needed: A tray, an orange, apple, banana, three familiar nonfood items
Introduction: Place the tray with the items in front of the child(ren).

Caregiver's Role: Allow the child(ren) to handle the items. (Use items that are familiar to the children.) Comment on each item as a child names it. For example, when a child names an orange say, "That's right, an orange. Do you eat oranges?" With a nonfood item say, "Yes, that is a truck. Can you eat a truck?" After each of the items has been discussed, place them back on the tray. Ask a child to take from the tray all the items that can be eaten. Return these items to the tray and ask the child to remove all the items that cannot be eaten. Remove the foods that the children have handled. Provide freshly washed foods for a snack.

Anticipated Children's Role: The children will name the familiar items as they handle them. They will tell you which things can be eaten. The children will become familiar with the idea that some things are foods and can be eaten. Other things are not foods and cannot be eaten. Following the activity the children can sample freshly washed fruits for a snack.

Results:

EXPERIENCE PLAN

Topic: Favorite Foods *Approximate age(s):* Over 24 months
Purpose(s): To identify and discuss foods the child enjoys
Child(ren) who might be involved: _____
Materials needed: Magazines, some precut magazine pictures of foods, scissors, glue, paper plates
Introduction: Place the materials on a table, and invite children to look at the pictures.

Caregiver's Role: Invite the children to look for pictures of favorite foods in the magazines or among the precut pictures. Provide scissors for children able to use them. Other children can tear out pictures if they wish. Let the children glue their favorite foods on a paper plate. If a child chooses a nutritious food as a favorite, comment on this. Through this activity the caregiver can get an idea of the child's current food habits.

Anticipated Children's Role: The children will name foods they enjoy. They will be making choices. Children will also be using small muscle skills as they cut or tear and paste their pictures on a paper plate. They may tell about how this favorite food is served in their home.

Results:

EXPERIENCE PLAN

Topic: Nutrition Boxes *Approximate age(s):* Over 30 months
Purpose(s): To increase awareness of nutritious foods; to sort foods into two groups
Child(ren) who might be involved: _____
Materials needed: Two kinds of vegetables, two kinds of breads (four food items altogether)
Introduction: Place food items before child(ren).

Caregiver's Role: Prepare two boxes. Label one "Vegetables" and the other "Breads." Decorate each box with pictures of representative foods. Show the foods to the children. Let them examine each. Talk about the names of the foods. Introduce the two boxes. Ask the children to notice the pictures on each box. Tell them that one box is for vegetables and one box is for breads. Ask a child to put one of the vegetables in the box where it belongs. Continue to guide the children in this way to put the food items into the vegetables or breads box. After the activity, remove the foods that have been handled by the children. Food models might be used as a substitution.

Anticipated Children's Role: The children will use the names of familiar foods. They will notice that some foods are called breads. By noticing the pictures on each box, they can learn to tell the difference between vegetables and breads. They will sort the foods into two groups.

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 3

CONCEPTS

Foods have names.

Foods look and feel different.

Foods have different tastes.

Some foods come from plants.

Some foods come from animals.

LEARNING OBJECTIVE

Plan and provide age-appropriate experiences which promote awareness of simple nutrition concepts for children under 36 months.

DIRECTIONS

1. Select one of the simple nutrition concepts listed at the left.
2. Develop an experience which would focus on this concept for a child younger than 36 months of age.
3. Write your plan on the Experience Plan form below.
4. Arrange to carry out your plan with a child or small group of children in the lab.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age of the children involved? How did the children respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: _____ *Approximate age(s):* _____
Purpose(s): _____
Child(ren) who might be involved: _____
Materials needed: _____
Introduction: _____

Caregiver's Role:

Anticipated Children's Role:

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 4

LEARNING OBJECTIVE

Provide age-appropriate experiences which promote awareness of simple nutrition concepts for preschool children (more than 36 months old).

DIRECTIONS

1. Select one (or more if assigned by your instructor) of the nutrition awareness experiences shown for preschool children.
2. Check with the caregiver of the group to decide which children might be involved.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age of the children involved? How did the children respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: Food Helps Our Bodies Go *Approximate age(s):* Over 3 years
Purpose(s): To illustrate with a puppet that we need food to help our bodies go
Child(ren) who might be involved: _____
Materials needed: Puppet (See pattern, pp. 15 and 16.); food samples
Introduction: Gather children in a small circle on the floor.

Caregiver's Role: Make the puppet, pp. 15 and 16, according to the directions. Introduce the puppet character to the group of children. The children might name it. Let the puppet talk to the children about their names. Gradually move the puppet's head to the side. The puppet is getting tired. Finally the puppet slumps. Ask the children to suggest why the puppet may be tired. Accept any answers. Invite a child to ask the puppet some questions to find out why the puppet is tired. Guide the children to find out if the puppet has eaten. The puppet will say, "No, I didn't have time." Using the food samples, invite the children to "feed" the puppet. Now the puppet acts more energetic and says, "I feel good now."

Anticipated Children's Role: By interacting with the puppet, the children use their language skills. When the puppet gets tired, they make suggestions about why. They discover that the cause is the puppet's failure to eat. The children are introduced to the idea that food is needed to make our bodies go. Without food, we become tired. Children participate in the puppet show by talking to the puppet and by feeding the puppet some food.

Results:

EXPERIENCE PLAN

Topic: Food Under and Above the Ground *Approximate age(s):* 4-5 years
Purpose(s): To familiarize children with the concept that some food grows underground and some grows above
Child(ren) who might be involved:
Materials needed: Fresh spinach, head of lettuce, potato, onion, felt board figures, p. 17.
Introduction: Gather a small group of children.

Caregiver's Role: Invite the children to examine the foods. Let them name and feel each one. Point out to the children that all these foods come from plants. Some foods grow under the ground. Ask the children to suggest which of the foods they have examined grow under the ground. Some food grows above the ground. Ask the children to suggest which grow above. Introduce the felt board. Place a line representing the ground on the board. Show the children the felt board figures. Ask a child to place the potato on the board where it grows. Continue until all the figures are on the board. Repeat until each child has had a chance to participate. Wash foods that have been handled.

Anticipated Children's Role: The children will examine and talk about the foods. Praise the children for their comments. The children will see where the foods grow when they place the felt board figures on the board, either above or below the ground. Some children may name other kinds of foods that grow above or below the ground.

Results:

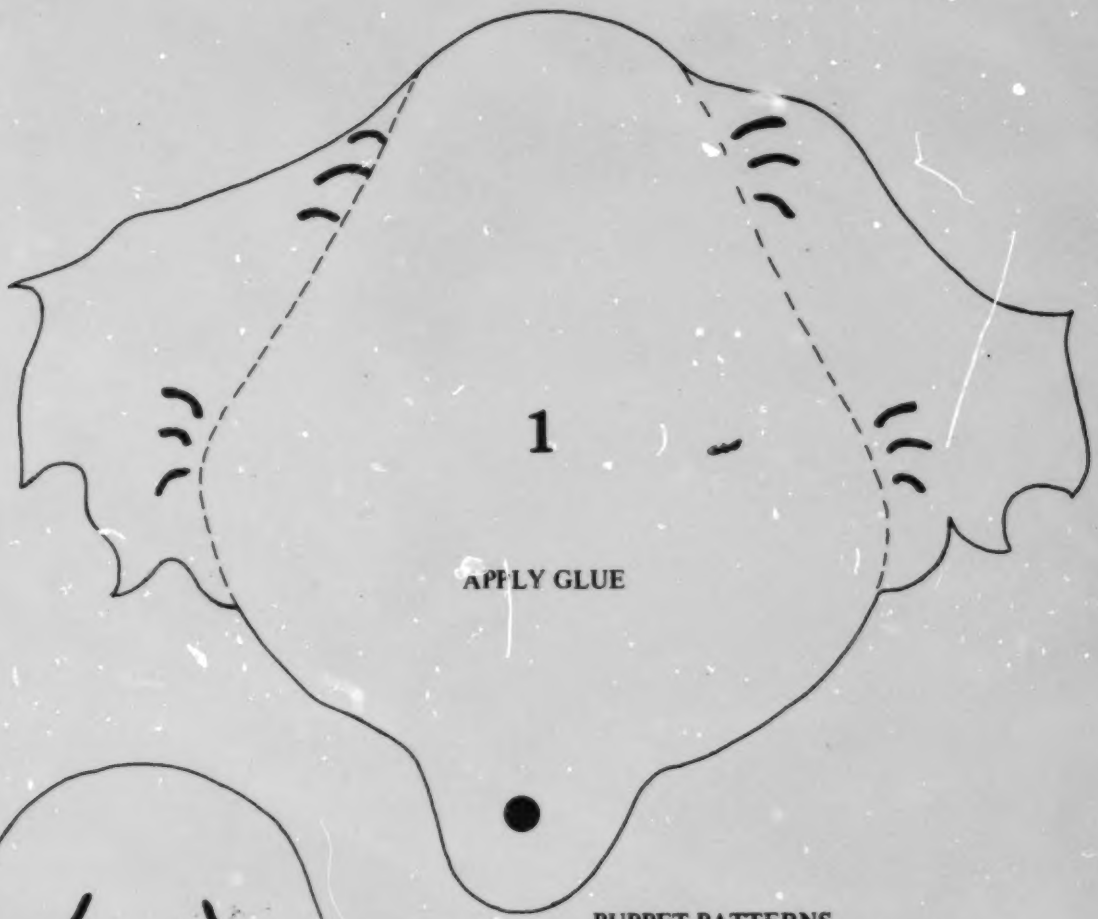
EXPERIENCE PLAN

Topic: Sorting Foods into Groups *Approximate age(s):* 4-5 years
Purpose(s): To have the children sort foods into food groups
Child(ren) who might be involved:
Materials needed: A shallow box for each group, food pictures backed with construction paper
Introduction: Put the boxes on the floor and talk with children about the pictures.

Caregiver's Role: Prepare the boxes with illustrations of the food groups you wish to use. Use only two food groups with younger children. Add more groups as children are more capable. Discuss the picture on each box with the children. Name the food group of each box. Give each child a picture of one food. Ask the child to put the picture in the appropriate box. For example, a picture of fried chicken would go into the box labeled as the meat group. Continue until the pictures are sorted. When necessary, guide the child to put the picture into the correct box. Encourage the children to ask questions.

Anticipated Children's Role: Children practice classification skills and learn the names of the food groups. They will be able to say the name of each food and some children will name the food group. Some children may ask questions such as , "Why do we divide foods into groups?"

Results:

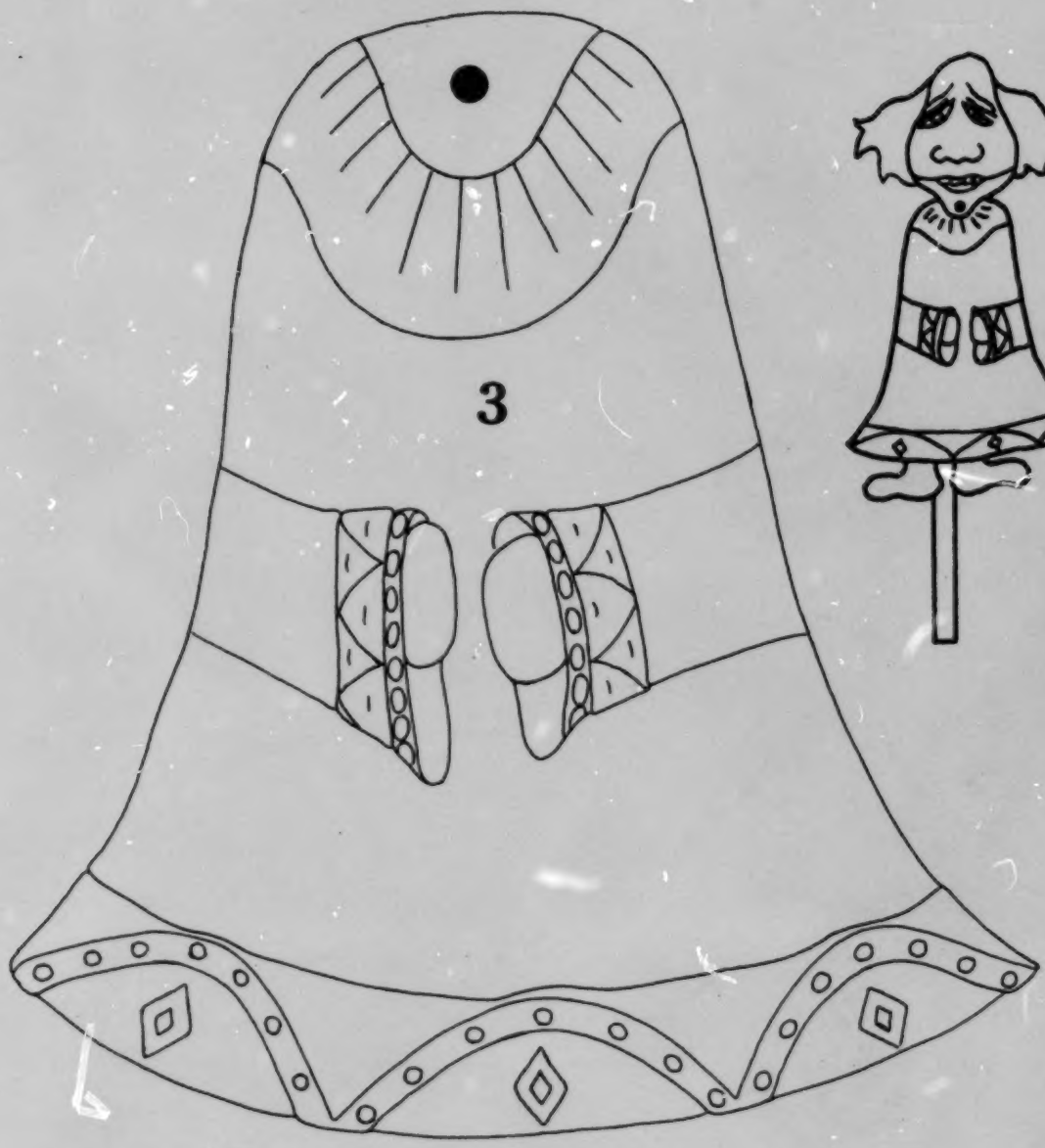


PUPPET PATTERNS

Directions:

1. Trace the patterns for the parts of the puppet on poster board. The different parts of the puppet can be cut from different colors of board.
2. Glue the face (Part No. 2) onto the head (Part No. 1).
3. Glue the feet (Part No. 4) onto the bottom of the body (Part No. 3).
4. Punch a hole in the chin and upper body at the dot.
5. Connect the head and body with a paper brad inserted into the holes. The chin overlaps the top part of the body.
6. On the back of the puppet's body, glue and tape a heavy-weight strip of cardboard, one inch wide and 14 inches long. The puppet is held by this strip of cardboard.
7. Complete decoration of the puppet as desired.

This puppet is used in the activity described on p. 13.

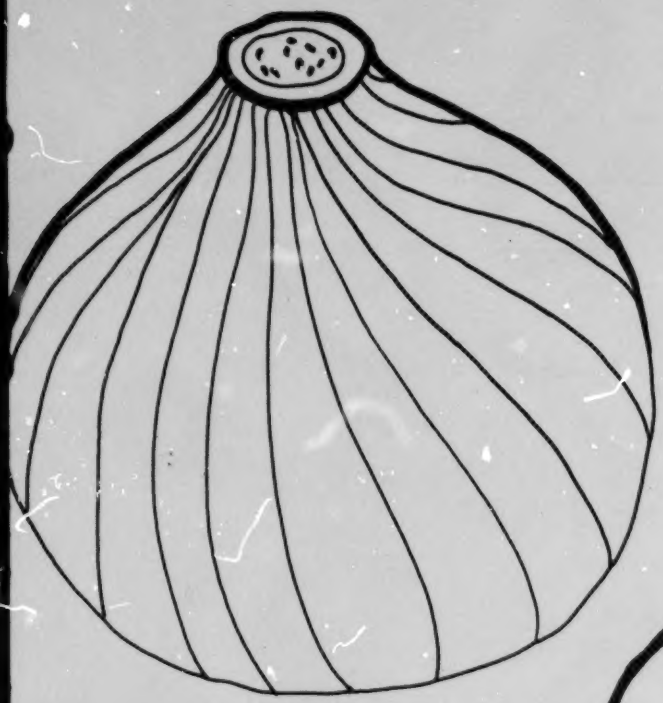

3

APPLY GLUE
4
4

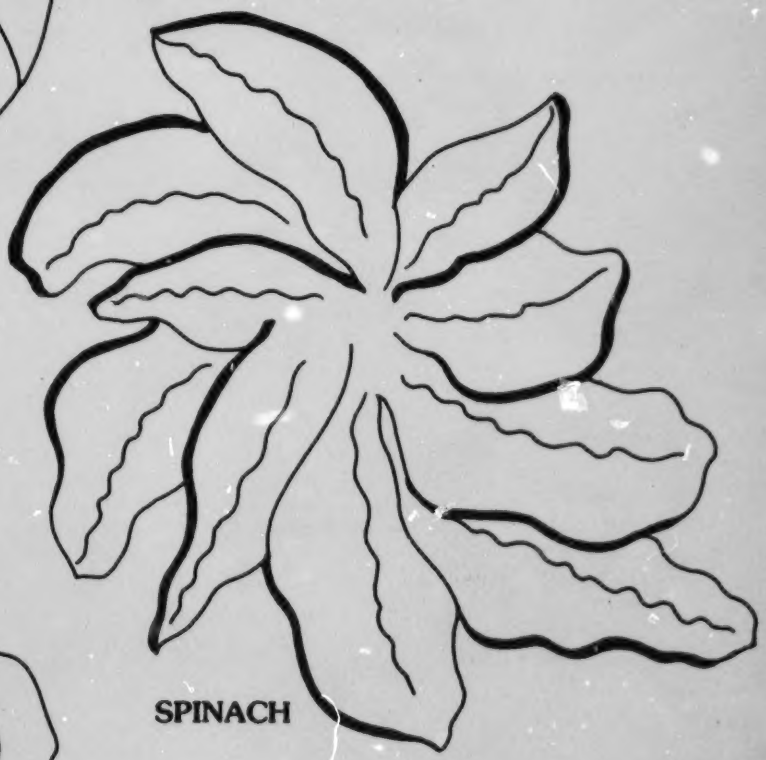
FELT BOARD PATTERNS

DIRECTIONS

1. Use these patterns to make vegetables for the felt board.
2. Also cut a long strip of felt to represent the ground for the activity on p. 14.

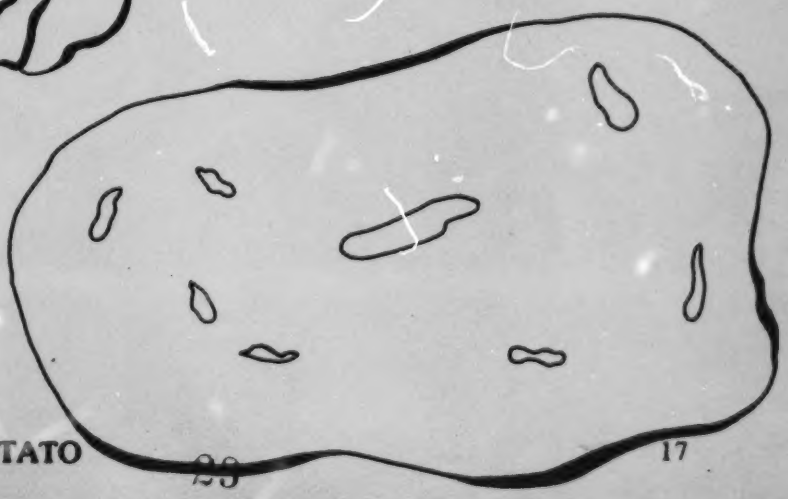


ONION



SPINACH

LETTUCE



POTATO

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 5

CONCEPTS

We eat food to help our bodies grow.

We eat food to help our bodies go.

We eat food in many different forms.

Foods change when they are cooked.

Foods can be divided into food groups.

LEARNING OBJECTIVE

Plan and provide age-appropriate experiences which promote awareness of simple nutrition concepts for preschool children (more than 36 months old).

DIRECTIONS

1. Select one of the simple nutrition concepts listed at the left.
2. Develop an experience which would focus on one of these concepts for preschool children.
3. Write your plan on the Experience Plan form below. Have your instructor check your plan.
4. Arrange to carry out your plan with some preschool children in the lab.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age of the children involved? How did the children respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: _____ *Approximate age(s):* _____
Purpose(s): _____
Child(ren) who might be involved: _____
Materials needed: _____
Introduction: _____

Caregiver's Role:

Anticipated Children's Role:

24

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 6

LEARNING OBJECTIVE

Observe a caregiver weigh and measure an infant, and record information.

DIRECTIONS

1. Arrange to observe a caregiver at the lab center weigh and measure an infant. You might also observe a health care professional weigh and measure an infant.
2. Answer the questions below.

KEY QUESTIONS

First Name of Child: _____ Age in Months: _____
Weight: _____ Length: _____

Describe the way that the caregiver weighed the infant. What type of equipment was used?

How did the infant respond?

Describe the way that the caregiver measured the length of the infant. What type of equipment was used?

How did the infant respond?

Where is information on weight and length recorded at the center?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 7

LEARNING OBJECTIVE

Weigh and measure preschool children, and record the results.

DIRECTIONS

1. Read the guidelines on weighing and measuring preschool children, p. 21.
2. Arrange to weigh and measure two preschool children between three and five years of age.
3. Answer the questions below.

KEY QUESTIONS

Give the following information for each child:

Child's First Name: _____ Age: _____ Sex: _____

Height: _____ Weight: _____

Child's First Name: _____ Age: _____ Sex: _____

Height: _____ Weight: _____

How did you explain to the children what you were going to do and why?

What were the children's reactions to being weighed and measured?

If possible, find out from the children's health folders the children's heights and weights at their last measurement. How long ago were these measurements taken? What height and weight was recorded for each child? How much have they grown?

Weighing & Measuring Preschool Children

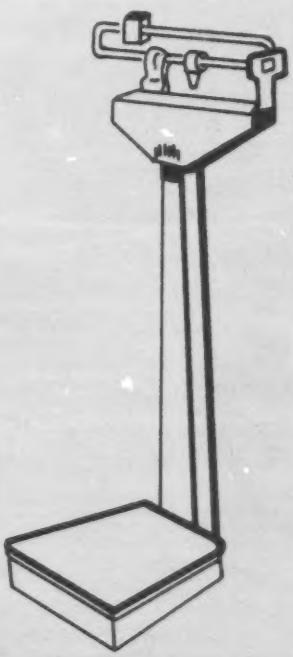
A record of a child's height and weight if taken periodically is a general indicator of health. Professionals trained in interpreting height and weight data can see signs of growth and can also spot possible problems. Caregivers are often involved in taking the weight and height measurements. They may be involved in recording this information in a child's health folder. A nurse or other professional can look at the record for signs of normal growth.

Weighing Preschoolers
Use a beam-balanced scale that the child can stand upon. The child should wear as few clothes as possible. Move the weight of the scale until the beam is balanced. Record the weight in pounds or kilograms.

Measuring Preschoolers' Height
Measure preschoolers with a fixed scale that is attached to a wall. Follow this procedure.

1. Remove the child's shoes.
2. Have the child stand with heels against the wall.
3. Use a flat, wide board to mark the child's height by resting it on the top of the child's head.
4. Record the height in inches or centimeters from the point where the lower part of the board meets the scale.

Most children enjoy being weighed and measured. They enjoy learning about themselves. Weighing and measuring also encourages an interest in health. However, it is important that children not be compared unfavorably with other children. Children should feel good about their own size and rate of growth.



Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 8

LEARNING OBJECTIVE

Plan and conduct a game to teach a nutrition concept to a group of adults.

DIRECTIONS

1. Find or develop a game to teach a nutrition concept to adults.
2. Arrange with a child care center to use your game during a parent or staff meeting.
3. Prepare the materials.
4. Carry out the activity.
5. Answer the questions below.

KEY QUESTIONS

What nutrition concept did you choose?

Describe your game.

How did the group of adults respond to the game?

Do you think they learned the concept? How did you know?

Would you use the game again? If so, what would you do differently the next time? If you would not use the game again, explain why.

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives

Meals and Snacks Unit II

Planning

- Summarize state and funding agency guidelines regarding the nutrition program in a child care center.
- Plan a cycle menu for a child care center.

Preparation

- Handle and store foods properly to preserve nutritional value and prevent spoilage.
- Prepare foods in a sanitary manner.

Mealtime Environment

- Analyze the procedures and merits of serving family-style meals in the child care center.
- Develop guidelines for providing a positive mealtime experience for young children.
- Model table manners and good eating habits when participating in meals.
- Explain how caregivers can respond appropriately to the mealtime behaviors of young children.
- Describe equipment, supplies, and space arrangement appropriate for children's meals and snacks.
- Discuss the differences in mealtime routines for infants, toddlers, and preschoolers.
- Explain how the environment can be modified to accommodate comfortably the handicapped child during meals and snacks.

Learning from Food Experience

- Involve children in mealtime preparation, serving, and cleanup.
- Explain how meals and snacks can enhance a child's total development.
- Provide food experiences which promote children's understanding of basic food related concepts while enhancing the child's total development.

An Overview

Providing nutritious meals and snacks for young children requires careful planning and the cooperation of many individuals. Caregivers need skills in preparing foods, creating appropriate environments for meals and snacks, and helping children learn from food experiences. Being aware and taking part in menu planning activities is also important. Each of these skills will be discussed briefly in the overview below. References containing more in-depth information are listed at the end of the overview.

Planning Meals and Snacks

Planning for meals and snacks is influenced by several factors. Specifically, the nutritional needs of young children, state and funding agency guidelines, the child care center's budget, and the wishes and cultural preferences of the children's families are involved.

Children's nutritional needs are the most important consideration in planning. The U. S. Department of Agriculture's Daily Food Guide should be used as the basis for planning. The guide, based on the Recommended Daily Allowances (RDAs), states the number of servings recommended from four basic food groups. The fifth group, Fats and Sweets, is not considered necessary for health; so, no servings are required.

State licensing standards for child care centers contain food service and nutrition guidelines which must be followed. These guidelines determine how foods are handled, served, and stored. Regulations are also included on the kinds and amounts of foods to be served. For example, Texas minimum standards require that a child cared for from five to nine hours a day have at least one-third of the child's daily food needs met. If a center is receiving funds from an outside source, the guidelines of the funding agency must also be followed.

A child care center's menus should reflect the cultures of the children in the center. Effective menu planning will involve knowledge of the foods and food preparation methods of the various cultures represented. For this reason, it is a good idea to involve parents in the menu planning. Serving a familiar cultural dish supports children's self-concepts and encourages positive feelings about individual differences.

The written plans for meals and snacks are called *menus.* Often, the menus of the child care center are prepared by an individual such as the center director or a nutritionist. However, better menus are possible if several individuals are involved. A menu planning committee can be established which includes the center director, a nutritionist, the cook, a caregiver, and a parent. Each of these individuals contributes unique and important information to the menu planning process. The group can meet about four times a year, or once a season, to prepare a set of menus called *cycle menus.* Each set of menus focuses on a season of the year and is composed of three or four weekly menus. During the season, the cycle menu is repeated. Such planning allows for meals and snacks to be economical, nutritious, valuable learning experiences, reflective of the various cultures in the community, and easily prepared.

Food Preparation

Food handling and storage is generally the responsibility of food service personnel. However, caregivers' responsibilities sometimes overlap those of food service employees. For example, caregivers may have the task of serving and preparing snacks. Any person who works with the food of a child care center needs to follow certain procedures.

Food service procedures for storing and preparing foods focus on preventing food spoilage and preserving nutrients. Unsanitary handling or improper storage can cause the growth of dangerous bacteria. Nutrients in foods can be reduced or destroyed by improper preparation or storage. For example, exposure to air destroys the nutrients in fresh fruits and vegetables, and fruit or vegetable juices. Orange juice in an uncovered pitcher loses its nutrients. Refrigerate orange juice in a tightly covered pitcher. Waiting to pour the juice immediately before drinking preserves the nutrients.

Temperature is an important factor in storing and serving food. Food left at room temperature can spoil quickly, especially high protein foods such as meats and eggs. Temperatures between 45° F and 140° F are the most likely to promote bacteria growth. For storage, perishable foods should be kept at temperatures between 32° F and 45° F. Frozen foods should be kept at 0° F or below. Cooked foods are safest kept at a temperature of at least 140° F. Cooked food to be stored should be put quickly into the refrigerator or freezer.

An important sanitary practice for anyone handling foods in the child care center includes washing hands with soap and warm water before handling foods. Hands should also be washed after smoking, using the restroom, and after sneezing or coughing. Touching the hair or face with the hands should be avoided. Food should never be handled by someone with a cut or sore on the hands. Neither should food handlers work when sick. If food must be tasted during cooking, the spoon used for tasting should not be put back into the food. Aprons should be changed daily, or more often if they become soiled.

Mealtime Environment

The physical setting or environment for meal and snacks includes equipment, space arrangement and the way the food is served. Caregivers' attitudes also greatly affect the environment.

Comfort and independence is possible for children if they have child-sized equipment. Chairs and tables should allow children to reach the table comfortably with their feet touching the floor.

Children are served meals in their caregiver's room, or some times in a separate dining area. In either case, the equipment should be arranged so that the children have plenty of elbow-room. Crowding too many children into one area or around one table invites frustration.

The way food is served can influence greatly the environment and children's behaviors. After children are about 20-24 months of age, *family-style* meals help them begin learning to serve themselves. Small bowls and platters are filled with food and placed on the table. The containers of food are passed around the table with the children serving themselves. Family-style meals increase children's interest in foods and encourages their independence and self-esteem.

Caregiver attitudes are another part of the mealtime environment. Children will observe and model the attitudes of the caregivers. For this reason, it is important that caregivers set a positive example through good table manners, a willingness to try new foods, and casual conversation. A relaxed attitude about eating and mealtime will help a caregiver respond appropriately to the behaviors of children. For example, children occasionally show a lack of interest in eating, or in eating a certain food. The caregiver should treat these behaviors casually and not insist that a child eats. The best encouragement comes through the caregiver's example. Spills should also be treated in a matter-of-fact way. Scolding a child for spills lowers self-esteem and accomplishes no change in behavior. Quietly helping the child clean up the spill is the preferred approach.

Learning from Food Experiences

Experiences with food contribute to children's social, emotional, and intellectual development. Social skills are learned at mealtimes when children can help with setting the table, passing dishes, or having interesting discussions with other children. Emotionally, children are learning lifelong attitudes about foods and good nutrition. Learning to enjoy eating a wide variety of nutritious foods is an important part of children's experiences. Intellectually, food experiences promote sensory, language, and cognitive development. For example, in a classroom cooking experience children are learning to use words for new foods. They are learning about measuring and about how foods look, taste, feel, and smell. The more children can be involved directly in food preparation experiences, the more they will learn.

REFERENCES

Endres, Jeannette, and Rockwell, Robert E. *Food, Nutrition, and the Young Child.*

Goodwin, Mary T., and Pollen, Gerry. *Creative Food Experiences for Children.*

Hutchins, Bobbie. *Child Nutritiona and Health.*

McClenahan, Pat and Jaqua, Ida. *Cool Cooking for Kids: Recipes and Nutrition for Preschoolers.*

Wanamaker, Nancy, et al. *More Than Graham Crackers: Nutrition Education and Food Preparation with Young Children.*

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 9

LEARNING OBJECTIVE

Interview a person who is involved in the menu planning for a child care center.

DIRECTIONS

1. Arrange to interview someone involved in menu planning for a child care center.
2. Use the following questions as a guideline for your interview.
3. Record the results below.

INTERVIEW QUESTIONS

Name of Person Interviewed: _____
Job Title: _____

What are the three most important things to consider when planning menus for the child care center?

How do you decide which foods to use and how often to use them?

How often do you introduce a new food or dish?

What foods seem most popular with the children? How do you use these favorite foods in planning menus?

How do you change menus to meet the special needs of some children?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 10

LEARNING OBJECTIVE

Observe food purchasing for a child care center.

DIRECTIONS

1. Arrange to accompany the person in charge of buying food for a child care center.
2. Answer the questions below.

KEY QUESTIONS

Where did you shop?

How did the person decide what and how much to buy?

What did the buyer do to get the best food buys and save money?

How did the buyer decide which form of food to buy (dried fruit or fresh fruit, frozen or canned fruit juice)? Give examples from your observations.

What did the buyer do if a certain food could not be found, or was a poor buy?

How often does the buyer shop for food?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 11

LEARNING OBJECTIVE

Observe the food preparation for one meal or snack in a child care center.

DIRECTIONS

1. Arrange to observe the food preparation for a meal or snack in a child care center.
2. Answer the following questions.

KEY QUESTIONS

Circle one: Breakfast A. M. Snack Lunch P. M. Snack

List the foods on the menu planned for this meal.

If any substitutions were made, what was served and why was the food chosen as a substitute?

Describe the steps followed in preparing the meal, from choosing a recipe to serving the food.

What differences did you observe between quantity food preparation and preparation of food for a smaller number of people?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 12

LEARNING OBJECTIVE

Participate in meal preparation at a child care center under the supervision of the food service staff.

DIRECTIONS

1. Arrange to assist the food service staff at a child care center prepare the noon meal. Ask to be involved in the preparation of food.
2. Review the tips on quantity food preparation, p. 34.
3. Follow carefully the instructions given to you by the cook(s).
4. Answer the questions below.

KEY QUESTIONS

Briefly describe your experience.

What food(s) did you help prepare?

How did you know how much food to prepare?

What procedures did you follow which ensured that the foods prepared were safe and nutritious?

Discuss why organization and cooperation are essential in quantity food preparation. Use examples from your experience to support your ideas.

Tips on Quantity Food Preparation

General Procedures

1. Read the recipe carefully before beginning. Follow the directions exactly.
2. Check to see that all ingredients needed are available.
3. Check to see that all needed equipment is available.
4. Be sure you understand the terms used in the recipe.
5. When in doubt, ask. Never guess.

For Sanitation

1. Always wash your hands thoroughly with warm water and soap before beginning. Wash again as needed during preparation.
2. Always wear a hair net or cap when working in the food service area.
3. Avoid putting your hands on your face, nose, hair, or mouth while preparing foods.
4. Stay away from food preparation duties when sick or if you have a cut on the hand.
5. Be sure your equipment and cooking utensils have been sterilized properly before using.
6. Touch only the handles of forks, knives, and spoons used in preparing foods.
7. Use bowls by handling the outer surface only.
8. Always work on a clean surface. Keep your area clean as you go. Wash the chopping block thoroughly after cutting meats.
9. When tasting foods for seasoning, use a clean spoon each time. Do not put the spoon back into the food a second time.
10. Serve foods promptly after preparation, or store properly until served.

To Preserve Nutrients

1. When preparing vegetables, use as little water as possible. Avoid overcooking. Serve the vegetable in the cooking juice.
2. Serve citrus fruits or juices promptly. Store in the refrigerator in airtight container until served. Use cold water to mix concentrated juices. These measures preserve the vitamin C.
3. To preserve vitamin A in dark green and deep yellow vegetables, avoid preparing them in fats, such as deep-fat or pan frying.

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 13

LEARNING OBJECTIVE

Observe the mealtime practices of infants, toddlers, and preschoolers in a child care setting.

DIRECITONS

1. Arrange to visit a child care center during the noon meal, from about 11:00 a. m. to 12:30 p. m.
2. Observe the mealtime practices in an infant toddler, and preschool group.
3. Note your observations on the form, p. 36.
4. Answer the questions below.

KEY QUESTIONS

How were the foods served for each group? Note things that the groups did similarly and differently.

How were the children arranged (grouped or seated) for meals in each group?

What differences and similarities did you notice in the roles that the caregivers played during the meal?

What eating skills did the children exhibit in each group?

Mealtime Practices in Child Care Centers

OBSERVATIONS OF INFANTS' MEALTIME	OBSERVATIONS OF TODDLERS' MEALTIME	OBSERVATIONS OF PRESCHOOLERS' MEALTIME

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 14

LEARNING OBJECTIVE

Observe a meal or snack time for preschoolers.

DIRECTIONS

1. Arrange to observe a meal or snack time for a group of preschoolers in a child care center.
2. Answer the questions below.

KEY QUESTIONS

List the foods served.

Describe how the food was served to the children. Include information on how children were involved in serving the food.

In what other ways were the children involved in the meal or snack?

What were some of the children's responses to the foods served?

Did any food seem especially popular or unpopular? How did you know?

Give at least two examples of a caregiver's guidance during the meal or snack.

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 15

LEARNING OBJECTIVE

Participate in a mealtime or snack time with a group of toddlers or preschoolers.

DIRECTIONS

1. Arrange to eat a meal or snack with a group of toddlers or preschoolers.
2. Answer the questions below.

KEY QUESTIONS

Describe the mealtime behaviors of the children at your table. Briefly summarize the behaivor of each child.

What did the children talk about?

How did you interact with the children?

List factors which contribute to a positive mealtime or snack time.

Student's Name:_____ Date:_____
Course:_____

LAB EXPERIENCE 16

LEARNING OBJECTIVE

Provide age-appropriate food experiences which focus on sensory development.

DIRECTIONS

1. Select one (or more if assigned by your instructor) of the food experiences shown which focus on sensory development.
2. Check with the caregiver of the group to decide which child(ren) might be involved.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: Touch Detectives *Approximate age(s):* 3 to 5 years
Purpose(s): To identify food by the way it feels
*Child(ren) who might be involved:*_____
Materials needed: At least four different foods; a box with one side open and two holes cut on the opposite side
Introduction: Place the foods before the children.

Caregiver's Role: Pass the foods around one at a time. Talk with the children about how each food feels. For example, an ear of corn feels bumpy. A carrot is long and thin. Ask how each food feels differently from the others. Place the box in a low chair with the open side facing the group. Ask one child to stand behind the box. Put all of the foods into the box. Ask the child to pick out the food named by a child in the group. Continue as long as there is interest.

Anticipated Children's Role: The child behind the box will put his or her hands into the holes cut on the side of the box. Children in the group can observe the food and the child's hands by looking in the open front. They will take turns naming a food for the "detective" to remove from the box. The children will take turns being the "detective."

Results:

EXPERIENCE PLAN

Topic: The Nose Knows *Approximate age(s):* 3 to 5 years
Purpose(s): To promote children's perceptions of smells
Child(ren) who might be involved:
Materials needed: Several smell bottles with various fragrances; a set of matching picture
Introduction: Place the bottles and picture cards in a learning center.

Caregiver's Role: See p. 41 for directions on making the smell bottles. Prepare the needed materials. Place the bottles and cards in a learning center. Allow the children to explore the bottles and cards and discover what they can do. When necessary, offer guidance if requested by the children in the center. After the children have worked with the bottles a while, ask them to tell you what they have done and show you how they can match the smells and pictures. Encourage them to verbalize their observations.

Anticipated Children's Role: The children will find bottles and picture cards in the learning center. They will experiment and ask questions until they discover that the bottles smell if you squeeze them. They will see the picture cards and associate the smells in the bottles with the pictures. They can discuss with the caregiver what they have done and discovered.

Results:

EXPERIENCE PLAN

Topic: Food Preparation Sounds *Approximate age(s):* 3 to 5 years
Purpose(s): To promote perceptions of sounds made during food preparation
Child(ren) who might be involved:
Materials needed: Tape recorder, supplies to make the sounds listed below
Introduction: Ask the children to close their eyes. Pour a glass of water.

Caregiver's Role: After the children have closed their eyes, ask them to tell you what they are hearing. Pour the water into the glass. Explain to the children that we make lots of different sounds when we prepare foods. Involve the children in making a tape recording of various food preparation sounds. Choose some of these sounds:

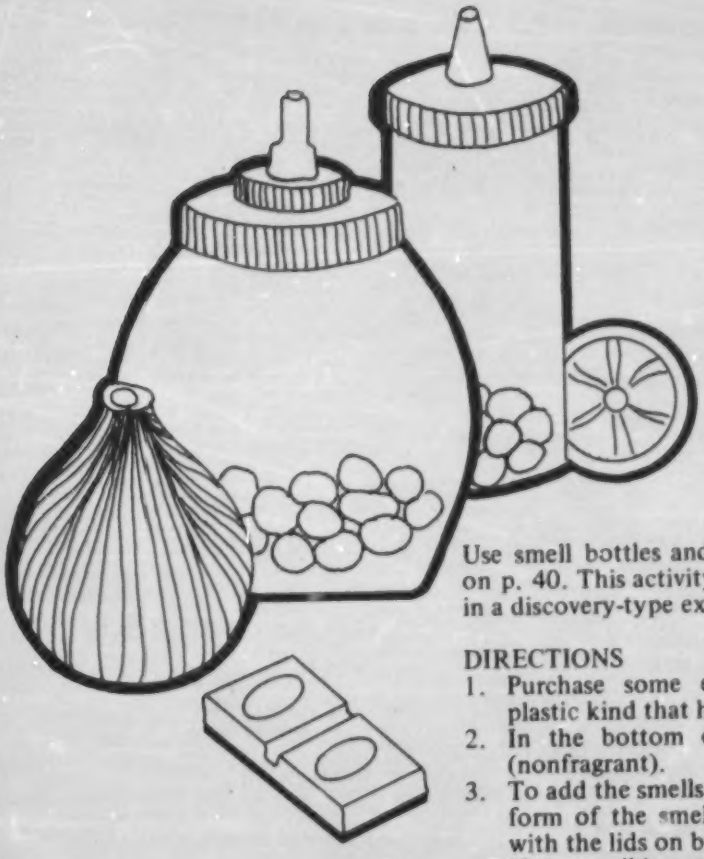
> pouring water, boiling water, cracking ice, cracking eggs, stirring food in a bowl, chopping vegetables, cracking a nut, peeling an orange, mixing food in a blender, frying, popping corn, etc.

Let the children do as much as possible and is safe.

Anticipated Children's Role: The children will guess that they hear pouring. When they are involved in preparing the tape, they will be especially alert to the sounds they hear during the preparation of foods. After the tape is made, they can listen to it again and again, guessing the sounds that they hear. Some children may have suggestions for other kinds of food preparation sounds to record.

Results:

The Nose Knows: Smell Bottles



Use smell bottles and picture cards with the activity described on p. 40. This activity will help children use their sense of smell in a discovery-type experience.

DIRECTIONS

1. Purchase some empty ketchup or mustard bottles, the plastic kind that have the squirting spout.
2. In the bottom of each bottle place some cotton balls (nonfragrant).
3. To add the smells, place a few drops of a liquid or powdered form of the smells desired on the cotton. Test the bottles with the lids on by gently squeezing the bottle near the nose. If the smell is not strong enough, add more liquid or powder. Suggested smells:

   vanilla extract
   onion juice
   lemon extract or juice
   almond extract
   chocolate powder
   garlic powder
   apple juice
   tangerine juice

4. Make a set of picture cards to correspond with the smells used. You might prefer to use the actual item instead of a picture; for example, a lemon, onion, or bar of chocolate.
5. To smell, tell the children to squeeze the bottle gently close to the nose. As the air is expelled from the bottle, it will carry the fragrance clearly.
6. Children match the smell with the picture card.

Student's Name:_____ Date:_____
Course:_____

LAB EXPERIENCE 17

LEARNING OBJECTIVE

Plan and provide an age-appropriate food experience which focuses on sensory development.

DIRECTIONS

1. Plan a food experience for children which would focus on sensory development.
2. Check with the caregiver of the group to decide which child(ren) might be involved.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently next time?

EXPERIENCE PLAN

*Topic:*_____ *Approximate age(s):*_____
*Purpose(s):*_____
*Child(ren) who might be involved:*_____
*Materials needed:*_____
*Introduction:*_____

Caregiver's Role:

Anticipated Child(ren)'s Role:

Results:

Student's Name:_____ Date:_____
Course:_____

LAB EXPERIENCE 18

LEARNING OBJECTIVE

Provide age-appropriate food experiences which focus on cognitive development.

DIRECTIONS

1. Select one (or more if assigned by your instructor) of the food experiences shown which focus on cognitive development.
2. Check with the caregiver of the group to decide which child(ren) might be involved.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: Stacking Hamburgers *Approximate age(s):* 24 to 36 months
Purpose(s): To help children become familiar with foods made of different parts; spacial relationships
*Child(ren) who might be involved:*_____
Materials needed: Parts of a mini-hamburger for each child; stacking hamburger toy
Introduction: Plan this activity as a snack.

Caregiver's Role: Plan for snack to serve miniature hamburgers. Use biscuits, small hamburger patties, a small slice of cheese, etc. Give each child a plate with all the hamburger parts separated. Tell the children if all these foods are stacked together, you have a hamburger. Guide the children in stacking their own. Talk about the names of the foods. Point out that part of the biscuit (bun) which goes on the *bottom*, the meat patty which goes on *top* of this, etc. Point out relationships. After the snack introduce the stacking hamburger toy. (See pp. 45-47 for directions.) Invite the children to play with the toy, stacking and unstacking the hamburger.

Anticipated Children's Role: The children will examine and name the foods they are familiar with. They will hear the names of foods that may be new to them. Some may know that these foods together make a hamburger. They may express likes or dislikes of some of the foods. They will hear and experience relationships like "on top of" or "on the bottom" as they stack their mini-hamburger. The stacking toy will be more meaningful after an experience with the real thing. They will stack and unstack the toy hamburger.

Results:

EXPERIENCE PLAN

Topic: Identify and Sort *Approximate age(s):* 3 years
Purpose(s): To encourage naming and sorting of familiar food items
Child(ren) who might be involved:
Materials needed: four bowls for each child, raisins, grapes, unsalted peanuts
Introduction: Give each child the four bowls. In one of the bows mix all the foods.

Caregiver's Role: In one of each child's bowls, mix a small amount of each of the foods. Ask the children to sort their foods into the three other bowls. Raisins go in one bowl, grapes in another, and peanuts in the third bowl. This type of activity could be done with different foods. Children who have advanced skills at sorting in this fashion might enjoy sorting more than three types of foods.

Anticipated Children's Role: The children will sort their mixture of foods into three categories. After they have done it once, they may wish to repeat the activity. When they are ready, they can eat their mixture as a snack.

Results:

EXPERIENCE PLAN

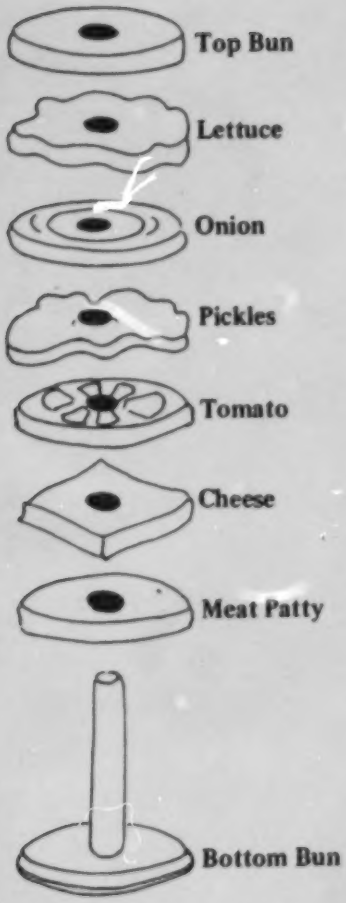
Topic: Cooking with Children *Approximate age(s):* 2½ to 5 years
Purpose(s): To encourage counting, measuring, and following directions on a recipe
Child(ren) who might be involved:
Materials needed: Recipe and ingredients, measuring cups, measuring spoons, mixing bowl, etc.
Introduction: Arrange materials on a low table. Have children wash their hands.

Caregiver's Role: Select a recipe which is appropriate for the age children you wish to work with. (See references listed p. 29.) Assemble all the materials needed. Work with a small group of children. Introduce the recipe to the children. Explain that the recipe tells how to prepare a food. Let the children examine the ingredients and cooking utensils. Guide the children by reading the recipe as the children prepare the food. Let the children take turns measuring, counting, pouring, and mixing.

Anticipated Children's Role: The children will learn about recipes and how they guide the preparation process. They will learn names for new things. They will gain skills in measuring, pouring, and mixing as they prepare the food. Children will be interested in tasting the food they have prepared themselves. They will take turns as they participate.

Results:

Stacking Hamburger Toy

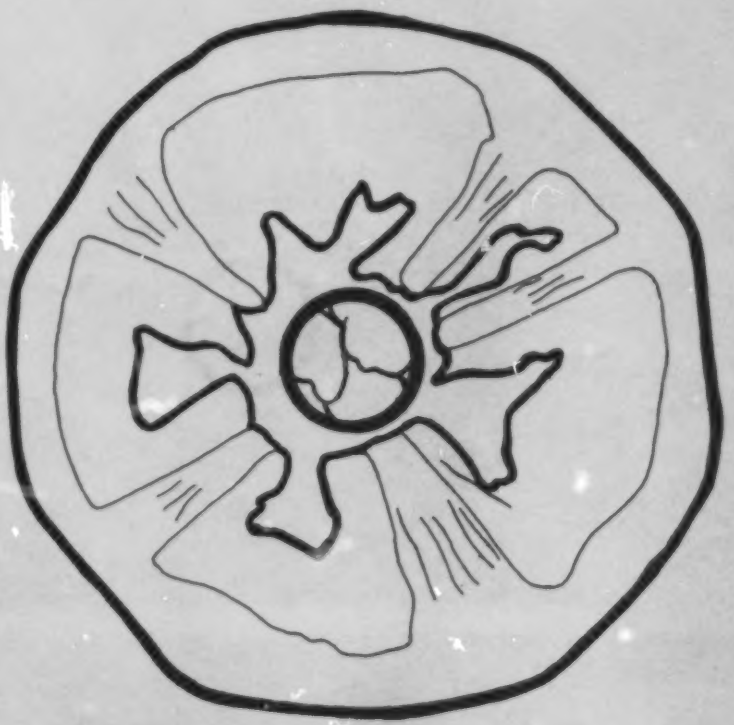


This stacking toy can be made to accompany the experience on p. 43. Small muscle and manipulative skills are promoted through the use of this toy. Children also gain an understanding of relationships between the parts of the hamburger.

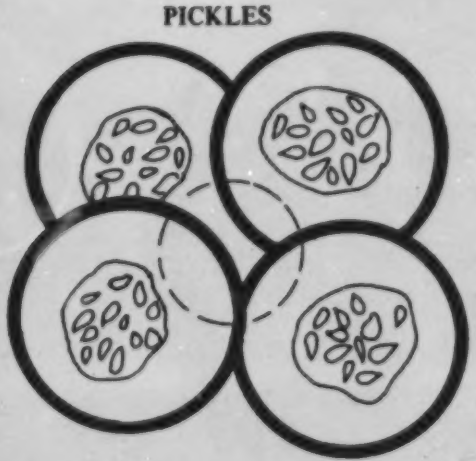
DIRECTIONS

1. Assemble materials needed:
   plywood scraps ¼" to ½" thick
   wooden dowel rod 5/8" in diameter
   nontoxic paints
   sandpaper
   (NOTE: A less durable, but still functional toy could be made using cardboard instead of plywood.)
2. Trace the patterns for the parts of the hamburger onto the plywood.
3. Mark a 3/4" circle in the middle of each piece.
4. Using a jigsaw, cut out the shapes and center holes.
5. Sand each piece until smooth.
6. Paint pieces using appropriate colors. Add details.
7. Cut the dowel rod to the height of the stacked pieces. Sand one end until edges are rounded. Paint if desired.
8. Glue the unsanded end of the dowel into one of the bun pieces. This will make the toy stand well.
9. Introduce to the children.

TOMATO

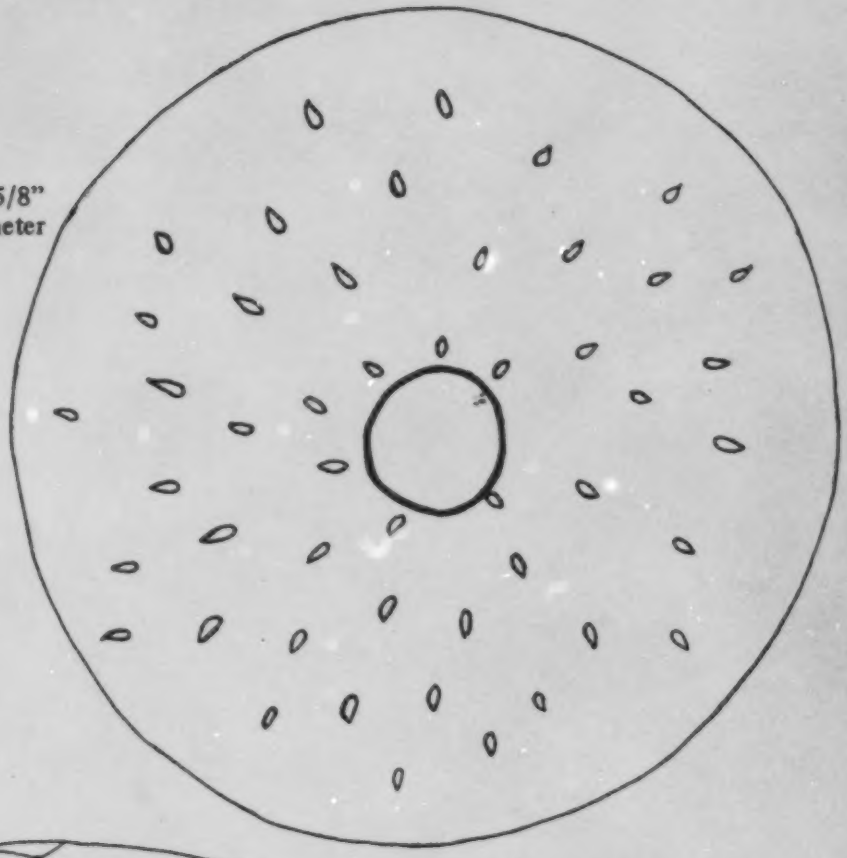


PICKLES

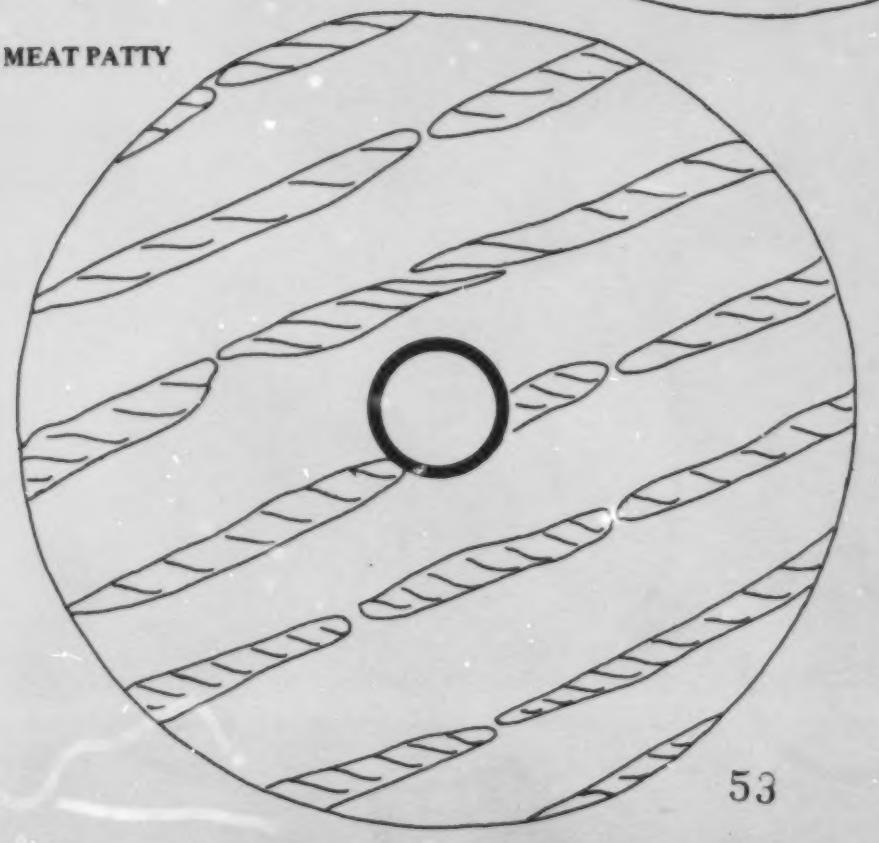


BUN
(Cut two)

Note: Cut inner circle of bottom bun exactly 5/8" to fit dowel rod diameter

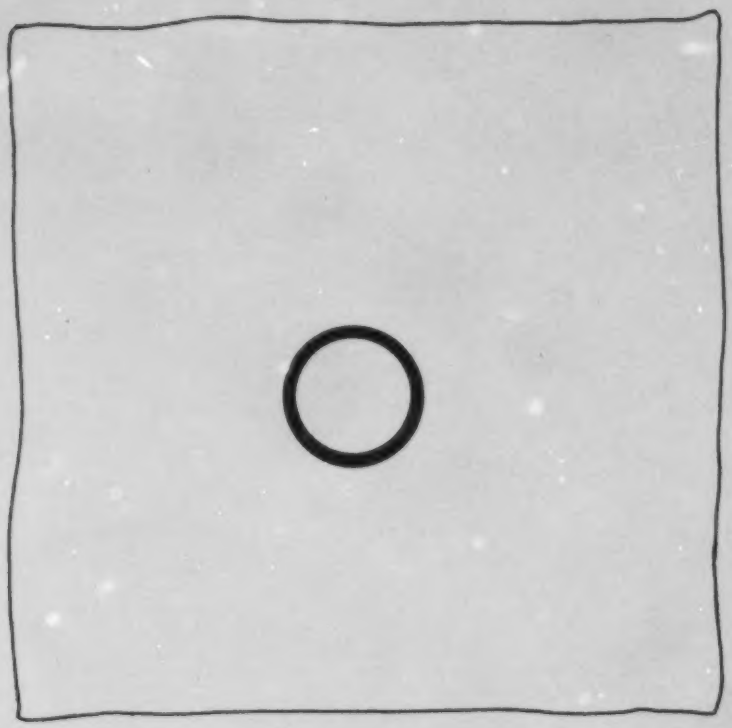


MEAT PATTY

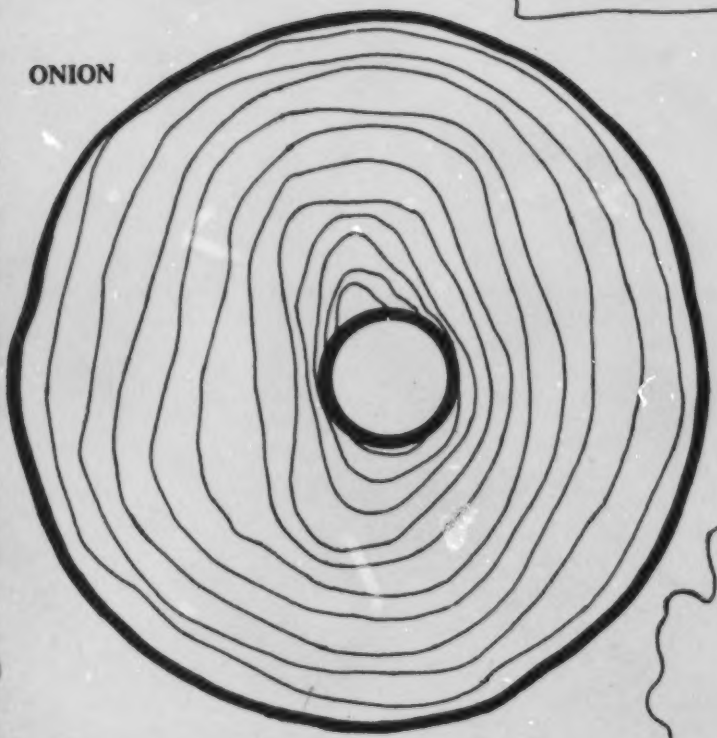


53

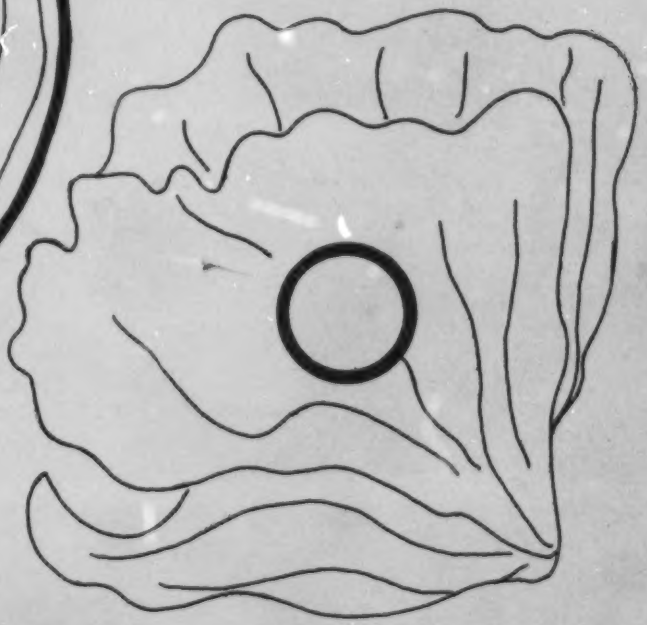
CHEESE



ONION



LETTUCE



Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 19

LEARNING OBJECTIVE

Plan and provide an age-appropriate food experience which focuses on cognitive development.

DIRECTIONS

1. Plan a food experience which would focus on cognitive development for children.
2. Check with the caregiver of the group to decide which child(ren) might be involved. Let your lab instructor check your plan.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: _____ *Approximate age(s):* _____
Purpose(s): _____
Child(ren) who might be involved: _____
Materials needed: _____
Introduction: _____

Caregiver's Role:

Anticipated Child(ren)'s Role:

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 20

LEARNING OBJECTIVE

Provide age-appropriate food experiences which focus on language development.

DIRECTIONS

1. Select one (or more if assigned by your instructor) of the food experiences shown which focus on language development in young children.
2. Check with the caregiver of the group to decide which child(ren) might be involved.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: Words Which Describe Foods *Approximate age(s):* 2½ to 5 years
Purpose(s): To help children use descriptive words for foods they eat
Child(ren) who might be involved: _____
Materials needed: Gelatin cubes, crackers, cherry tomatoes, bananas, bowl for each child
Introduction: Conduct this activity during snack time.

Caregiver's Role: Give each child a bowl with each of these foods: a fruit-flavored gelatin cube, a cracker, a cherry tomato, and ¼ of a banana. Say, "Lets talk about these foods." Lead the children in describing the appearance of each food. For example, gelatin *jiggles*, crackers are *square*, tomatoes are *round*. Invite the children to sample their foods and describe how they feel in their mouth. For example gelatin is *smooth*, crackers are *crunchy*, a cherry tomato *squirts*, bananas are *mushy*. Encourage the children to make as many observations about the foods as they can.

Anticipated Children's Role: The children will use words in their vocabulary to describe the appearance of the foods. When they eat the foods, they will use words for how the foods feel in their mouth. They will hear new ways to describe how the foods look and taste.

Results:

EXPERIENCE PLAN

Topic: Acting Out a Story *Approximate age(s):* 3 to 5 years
Purpose(s): To help children remember a sequence of events; to use language in acting out a story
Child(ren) who might be involved:
Materials needed: Appropriate children's book related to food
Introduction: Read the story to the children.

Caregiver's Role: Select a book which relates to how foods are grown or prepared; for example, *Stone Soup* by Marcia Brown or *The Turnip* by Janina Domanska. Read the story to the children in a small group. After the story, help the children retell the story by looking at the illustrations. Help them recall the sequence of events. Next, have the children act out the story. Let children choose the roles they wish to play, or select children to play the roles. It is all right to have two children play one role together. Use the illustrations again to help the children follow the sequence of events. Let them use their own words for the character they play. Change roles and play the story again.

Anticipated Children's Role: The children will follow the sequence of the story. By looking at the illustrations, they will recall the sequence. When they act out the story, they can use their own words and interpret the story as they wish.

Results:

EXPERIENCE PLAN

Topic: Restaurant Prop Box *Approximate age(s):* 3 to 5 years
Purpose(s): To encourage dramatic play and language development
Child(ren) who might be involved:
Materials needed: Box, aprons, pencils, order pads, cook's hat, placemats, trays, etc.
Introduction: Leave the prop box in the family living center.

Caregiver's Role: Place the props inside the box and put this in the family living center. Let the children discover the box and explore the contents. Ask the children what they could do with the things in the box. Encourage them to begin their pretend play. Leave the center unless the children wish you to participate in their play. (This activity will have more meaning if children have had some experiences with eating at a restaurant. This could follow up a field trip to a restaurant.)

Anticipated Children's Role: The children will explore the contents of the prop box and decide how each of the items could be used. They will initiate dramatic play using the props. While they play, they will be using their experiences for ideas on what to do. They will be talking with each other as they pretend to operate a restaurant. This involves cooperation.

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 21

LEARNING OBJECTIVE

Plan and provide an age-appropriate food experience which focuses on language development.

DIRECTIONS

1. Plan a food experience for children which would focus on language development.
2. Check with the caregiver of the group to decide which child(ren) might be involved.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: _____ *Approximate age(s):* _____
Purpose(s): _____
Child(ren) who might be involved: _____
Materials needed: _____
Introduction: _____

Caregiver's Role:

Anticipated Children's Role:

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 22

LEARNING OBJECTIVE

Plan and provide an age-appropriate food experience which focuses on cultural awareness in preschoolers.

DIRECTIONS

1. Arrange to involve a group of preschoolers in preparing, serving and eating one of the cultural recipes, pp. 53-55.
2. Plan and prepare for health, safety, and as much child involvement as possible. Use the form below to record your plan.
3. Carry out the experience as planned.
4. Note the results of the experience. In what ways did the activity seem appropriate for the ages of the children involved? How did the children respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: _____ *Approximate age(s):* _____
Purpose(s): _____
Child(ren) who might be involved: _____
Materials needed: _____
Introduction: _____

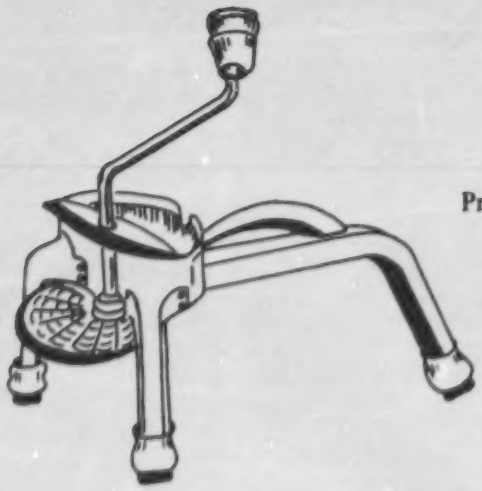
Caregiver's Role:

Anticipated Children's Role:

Results:

Cultural Recipes

NACHOS:



Age Range: 4-5 years old

Ingredients: unsalted tortilla chips
refried beans
unsliced Cheddar cheese

Utensils: grater (If possible, use a hand-turned grater.)
dull-edged knives for spreading
plastic or metal bowl
cookie sheet
oven

Preparation: Grate cheese. (Show the children the sharp edges of the grater holes. Demonstrate how to use it safely before allowing children to try. A hand-turned grater can be operated by two children, and helps prevent scraped knuckles.) Spread the beans on the chips. Top with grated cheese. Set oven at a low to medium temperature. Heat nachos until the cheese melts.

Note: Served with fruit or fruit juice, nachos make a nutritious snack. Nachos are characteristic of the Mexican-American culture.

SOUTHERN AMBROSIA:

Age Range: 3-5 years old

Ingredients: 1 cup sour cream or yogurt
½ cup shredded coconut
1 cup drained mandarin oranges
1 cup drained pinapple chunks
½ cup miniature marshmallows
1 cup cooked rice (optional)
maraschino cherries (optional)

Utensils: measuring cups
large spoon
large bowl for mixing and serving

Preparation: Measure ingredients into the bowl and mix.

Note: This dish has Creole origins. The children could practice draining and measuring the fruit. The foods included in this dish are exciting ones the caregiver could discuss with the children. Children may be curious about how marshmallows are made.

CARROT KUGEL:

Age Range: 4-5 years old

Ingredients: 5 medium carrots
½ cup butter
1/3 cup brown sugar
¾ teaspoon salt
¾ cup flour
2 eggs
1 teaspoon baking soda
1½ tablespoons lemon juice

Utensils: grater (If possible, use a hand-turned grater.)
measuring spoons and cups
pan
hot plate or range
plastic or metal mixing bowl
large spoon for stirring
8" or 9" square baking pan
oven

Preparation: Grate carrots. (Show the children the sharp edges of the grater holes. Demonstrate how to use it safely before allowing children to try. A hand-turned grater can be operated by two children, and helps prevent scraped knuckles.) Melt the butter in the pan over low heat. (Make sure the handle is turned away from the edge of the hot plate or range. Warn the children about the danger of touching hot surfaces.) Stir all the ingredients together. Grease the baking pan. Pour the mixture into the baking pan. Bake at 350° F for 45-50 minutes. This recipe will serve 8-12 children.

Note: Carrot Kugel is a traditional Jewish dish.

PRETZELS:

Age Range: 4-5 years old

Ingredients:
1 package of active dry yeast
¾ cup of warm water
1 tablespoon sugar
1 teaspoon salt
2 cups flour (sifted)
coarse salt
2 tablespoons milk

Utensils:
metal or plastic mixing bowl
large spoon for stirring
smooth surface for working dough
measuring cups and spoons
rubber spatula
sifter
cookie sheet or large, shallow baking dish
wax paper
oven

Preparation: Pour the warm water into the bowl. If the water is too warm, the yeast will become inactive. Stir the yeast into the water. Stir in sugar and salt. Add flour and beat. Knead mixture in the bowl until smooth, about 8-10 minutes. Let each child have a turn. Sprinkle flour onto a dry, smooth surface. Place the dough on the surface. Have each child pinch off a 2" piece of the dough and roll it between the palms or on the surface. Roll the pieces until they are about a foot long. Let children form into pretzel-like shapes, or shapes of their own creation. Brush each shape with milk and sprinkle with coarse salt. Bake 10-15 minutes until browned. Cool before eating.

Note: Pretzels are associated with German foods.

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives Safety Unit III

Safety in the Environment

- Summarize state and funding agency guidelines regarding safety in the child care center.
- Arrange and maintain both indoor and outdoor environments for safety.
- Store potentially hazardous equipment and supplies properly.
- Recognize and remove poisonous plants from the child care environment.
- Prepare and use a child care center safety check list daily, monthly, seasonally.
- Explain fire prevention procedures in the child care center.

Safety in Interactions

- Observe children's play indoors and outdoors for safety hazards.
- Model and guide children in the safe use of equipment.
- Guide the children in following simple safety rules.
- Recognize and report signs of child abuse or neglect.

Emergencies and First Aid

- List first aid supplies that should be on hand at the child care center.
- Demonstrate how to care for minor injuries to a child.
- Explain procedures to follow in the case of a serious accident.
- Explain procedures to follow for recording accidents and injuries.
- Discuss the importance of being familiar with emergency care procedures when caring for children with special needs.
- Explain procedures for fire evacuation.
- Explain safety practices to observe during a severe weather alert.

An Overview

Accidents are a major cause of injury and death in young children. Caregivers have a responsibility to plan and maintain safe indoor and outdoor environments for the protection of the children in their care. Caregivers need skills in guiding children to take age-appropriate responsibility for their own safety. Basic first aid skills and knowledge of appropriate emergency procedures are also needed. These concerns are summarized in the following overview. Study more thoroughly safety in the child care center in the references listed at the end of the overview.

Safety in the Environment

Safe indoor and outdoor environments for young children require careful planning and attention to details. Safety in the child care center means considering the state and funding agency standard, space arrangements, toys and equipment, storage of dangerous equipment and supplies, and fire prevention procedures.

Standards. State minimum standards for child care centers include specific safety regulations. Regulations usually concern building and grounds safety, equipment safety, child-staff ratios, guidelines for storing hazardous supplies, and emergency procedures. If a center is receiving funds from an outside source, it must also follow the funding agency's safety guidelines. All caregivers should be familiar with the standards for their state regarding safety in a child care center.

Indoor Environment. Safety inside the child care center is affected by the arrangement of the rooms, toys, and equipment. Room arrangements which are uncrowded are safer for young children, who move quickly and often. The safety-conscious caregiver keeps this in mind and plans accordingly. Distinct traffic paths—free of obstacles such as area rugs, toys, and equipment—allow safe, unhampered movement. Area rugs in learning centers should be backed with nonskid surfaces so that rugs will not slip. Low furniture, including shelves and room dividers, allows the caregivers to observe and supervise children from any location in the room.

The safety of toys and equipment depends on their construction, maintenance, and the developmental level of the children using them. All toys should be pictured in terms of what they would be like if broken. Some are made of an easily breakable plastic which results in dangerous jagged edges. Toys with easily removable parts that could cut or puncture are unsafe. Equipment should be sturdy and in good repair. Electrical equipment needs to be inspected frequently for frayed cords. It is a good idea to secure electrical cords so that children cannot be injured, and to cover electrical outlets not in use with dummy plugs. Child-sized equipment promotes safety in that children are better able to control their movements if the equipment fits them. Low shelves allow children to select and return their toys safely.

Once designated as safe, toys and equipment should only be used with children of the appropriate ages. For example, a construction set with many small parts would not be a good choice for toddlers who still enjoy exploring things with their mouths. To ensure safety of toys and equipment, caregivers must be continually observant.

Outdoor Environment. The outdoor environment requires many of the same safety considerations as the indoor setting. Arrangement of equipment and playing areas should prevent crowding. If there are several interesting play areas, children are less likely to crowd into one area. Separating play areas which are not compatible, such as swings and wheel toys, is important. Swings should be located away from all traffic flow, preferably on an outer edge of the playground.

Equipment, of course, should be age-appropriate. For example, climbing equipment which is low with a padded surface beneath provides a safe, large-muscle activity for young children. Infants who are not yet walking benefit from a smaller, separate outdoor area. Surfaces and equipment here should be suitable for crawling and pulling up.

Some safety considerations are unique to outside play areas. Exposure to weather and vigorous use by children creates the need for frequent inspections of equipment. Peeling paint and splinters should be repaired when noticed. Loose, protruding, or uncovered screws and bolts need to be tightened and covered with soft, protective caps. Ground areas should be well-drained so there is no standing water after a rain. Slides, which can become hot in the sun, should be located in shaded areas.

Another important safety feature of the playground is a fence with a child-proof gate. Such a boundary is necessary for young children, who can quickly wander into a street. A fence also keeps intruders from abusing equipment or littering. However, outdoor play areas can still collect broken glass, sharp sticks, and other dangerous objects overnight. A routine morning check before children use the playground is essential.

Hazardous Materials. Many materials and supplies in a child care center are potentially hazardous and should be stored out of children's sight and reach. These include caregiver supplies, household cleaning and maintenance supplies, and medicines.

Caregiver supplies which are dangerous to children include paper cutters, pointed scissors, hobby knives for cutting cardboard, or glue such as rubber cement. Avoid using these supplies while working with the children. The safest procedure is to use such supplies in a workroom, which should be locked when not in use.

Cleaning and maintenance supplies include disinfectants, paints and paint thinners, dishwasher detergents, or items such as shovels, rakes, and hoes. All of these are potentially dangerous to young children. All should be stored in locked cabinets, closets, or storage buildings. These supplies should be used with care and according to label directions. Avoid such practices as putting toxic substances into other containers, storing flammable fluids near heat sources, and ignoring label directions.

Poisonous plants are another source of danger to young children. Caregivers need to recognize these plants and remove them from the children's environment. Because of children's small body size, only a small amount of a poisonous substance can cause severe illness or death. Many nonpoisonous plants can be enjoyed in hanging baskets, both indoors and out.

Fire Prevention. Fire prevention includes keeping matches out of children's reach, regular fire inspections, and storing flammable materials safely. All persons at the center should know the fire exit plan and how to use fire extinguishers.

Safety in Interactions

Alert, continuous caregiver observations and skillful interactions promote safe behavior in young children. Other important caregiver abilities include modeling safe behavior, guiding children in following simple safety rules, and recognizing and reporting signs of child abuse and neglect.

Supervision. Adequate supervision requires caregivers who are constantly alert. Strategic placing of caregivers so all children are visible is basic to safety in the child care center. For example, outdoors caregivers spread out around the playground to be near groups of children as they play. One caregiver may be located near the slide, one near the tricycle path. Here, they will be able to quickly respond to potentially dangerous situations before someone gets hurt. Caregivers cannot observe and supervise adequately if they stand or sit together and visit. If caregivers find it necessary to stop unsafe behavior, they should briefly tell the children in simple terms why their behavior is unsafe. If the caregiver follows this instruction with a demonstration of safe behavior, learning is reinforced. For example, the caregiver could show how to walk around a swing in use, or help children use words instead of fists to express feelings. Caregivers should also realize that children forget easily and will need frequent guidance.

Safety Rules. Anytime groups of people live and work together, safety rules are necessary. In the child care center, rules help promote safety but they should also help children take age-appropriate responsibility for their own safety. This can be accomplished best if children are involved in establishing safety rules. Together children and caregiver can make a list of simply stated safety rules. The rules should be stated in positive terms, and kept to a small number. Once the rules have been established, they should be discussed frequently.

Child Abuse and Neglect. All caregivers need to know how to recognize signs of abuse and neglect. Some typical signs of physical abuse include bruises, burns, or other injuries of unusual shape. Neglect may be indicated if the child appears thin or underfed. If a child comes frequently to the center very hungry or complains of missed meals at home, the caregiver should take note. The child who usually wears clothing unsuited for the weather or the child who is constantly dirty may be experiencing neglect. Behaviors may also signal abuse or neglect. For example, frequent absences, crying spells, or extreme fearfulness, timidity, or aggression may indicate problems at home. No one of these indicators alone means the child is abused or neglected. However, caregivers should be alert for patterns, or repeated occurrences, of the signs of abuse and neglect.

If there is reasonable cause to suspect abuse or neglect, the caregiver should report this information immediately to the center director. The director and caregiver can work together in reporting their concerns to the authorities. In many states, persons suspecting child abuse or neglect are required by law to report their suspicions. A caregiver's responsibility does not end with a report to the director. The caregiver must be sure that a report is made to the appropriate authorities.

Emergencies and First Aid

Even though child caregivers may take every precaution to prevent accidents, accidents can happen. Knowing how to care for minor injuries and the procedures to follow in case of a serious accident are important caregiver skills. Common minor injuries in child care centers include abrasions or scrapes, splinters, and minor cuts or scratches. A basic first aid course will give caregivers knowledge of how to treat minor injuries. Such a course will also instruct caregivers in on-the-spot treatment for major injuries. In the event of a serious accident, a caregiver who has been trained in first aid can care for the child until an ambulance or doctor arrives.

In addition to first aid skills, caregivers need to know the procedures to follow at the center in case of accident or injury. Everyone should know where the emergency phone numbers are kept, including a list of parents' phone numbers. The center director is informed immediately of an accident. Someone needs to remain with the child until the crisis is past. Someone should also be responsible for removing the other children from the area

and reassuring them. Accident report forms are necessary and usually completed in triplicate. This includes a copy for the center's files, a copy for the parents, and if needed, a copy for the insurance company. Most forms ask for specific information about the nature of the injury, a description of the situation surrounding the injury, and the procedures followed.

Emergency situations can also arise with children who have chronic health problems. Caregivers need to be informed about illnesses such as diabetes, allergies, or heart conditions. Prevention measures, such as special diets or frequent rest periods, are crucial for these children. Knowing the symptoms of an acute attack of the illness and the specific, immediate attention required is important.

Caregivers also should be aware of what to do in case of a fire or a severe weather alert. Fire evacuation plans must be posted. The caregiver should be aware of the procedures in case of severe weather. Both procedures should be practiced in regular drills.

REFERENCES

Arena, Jay M., and Bachar, Miriam. *Child Safety Is No Accident: A Parent's Handbook of Emergencies.*

Southwest Educational Development Laboratory. *Child Health and Safety Series.*

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 23

LEARNING OBJECTIVE

Observe safety-conscious behavior in a child care center.

DIRECTIONS

1. Observe a group of three- to five-year-olds and their caregivers.
2. Be alert for behaviors that indicate safety awareness.
3. Answer the questions below.

KEY QUESTIONS

Describe two examples observed of children showing an awareness of the need for safety.

In your own words, state four implied safety rules observed.

Give reasons why you think each rule is important.

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 24

LEARNING OBJECTIVE

Observe for hazards in a child care center, using a safety check list.

DIRECTIONS

1. Using a safety check list you prepared for class (or a check list found in a reference), observe a child care center for safety features and hazards.
2. Answer the questions below.

KEY QUESTIONS

List and describe three safety features you observed indoors. Include furniture, equipment, room arrangement, storage, or other features you noted.

List and describe three safety features you observed outdoors. Include equipment, arrangement of play areas, or other features you noted.

Describe any hazards you observed. What might be done to eliminate the hazards?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 25

LEARNING OBJECTIVE

Observe caregivers in a child care center for safety supervision and guidance.

DIRECTIONS

1. Observe the caregivers of a group of children for safety supervision and guidance. Conduct the observation during an outdoor or indoor free play period.
2. At the beginning of the observation period, make a sketch of the room or playground on a separate sheet of paper.
3. As you observe, indicate the positions of the caregivers, using different symbols for each. For example, use an X for one, an 0 for another, * for another. Draw the symbols where the caregivers are at the beginning of your observation. Every five to 10 minutes again mark the location of the caregivers. Draw lines to indicate the direction of movement.
4. Answer the questions below.

KEY QUESTIONS

Ages of the Children: _____ Observation Occurred: _____ (indoors/outdoors)

What was the child-staff ratio?

Give two examples of direct safety guidance, such as a caregiver redirecting a child from an unsafe behavior, using physical intervention, or demonstrating a safe behavior.

What were the children's responses to the guidance?

Analyze the movements of the caregivers during the period. Did they stay in one place? How many times did they move? What caused them to move into another area? Did you feel that the children were adequately supervised?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 26

LEARNING OBJECTIVE

Practice safety supervision and guidance while caring for preschoolers during an outdoor play period.

DIRECTIONS

1. Find a partner to work with you during this lab experience.
2. Arrange to participate as a caregiver in an outdoor play period for preschoolers. Focus your attention on safety supervision and guidance where appropriate.
3. Ask your partner to observe you and the children. Your partner will watch for potentially unsafe actions from the children which you might miss. Your partner should observe your interactions with children and their responses.
4. After participating, visit with your partner. Together, answer the questions below.

KEY QUESTIONS

What did you do to promote safety while with the preschoolers?

How did the children respond to your guidance?

Did your partner notice any unsafe actions that you missed? If so, describe what your partner observed.

How did your partner evaluate your interactions with the children?

What will you try to be especially aware of in the future when you supervise children during outdoor play?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 27

LEARNING OBJECTIVE

Observe for safety alert signals in caregivers and children.

DIRECTIONS

1. Review the "Safety Alert Signals" handout received in class.
2. Observe caregivers and children for indications of these signals.
3. Answer the questions below.

KEY QUESTIONS

Describe one possible safety alert signal you observed in a child.

Describe a caregiver's response to the signal.

Describe one possible safety alert signal you observed in a caregiver.

Describe the behavior of one child in whom you observed no safety alert signals.

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 28

LEARNING OBJECTIVE

Observe a routine fire drill in a child care center.

DIRECTIONS

1. Arrange with a child care center director to be present during a routine fire drill.
2. Observe the reactions of the staff and children, and the procedure followed.
3. Answer the questions below.

KEY QUESTIONS

Was this a surprise drill or one the caregivers expected?

Draw a diagram of the emergency exit plan. Show any variations in the actual building evacuation.

Describe the step-by-step procedure. Include the signals for leaving and returning, the responsibilities of different adults, and the location of meeting places outside the building.

Did the children clearly understand what they were supposed to do? Give specific examples to support your answer.

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 29

LEARNING OBJECTIVE

Provide age-appropriate experiences on simple safety concepts for preschool children.

DIRECTIONS

1. Select one (or more if assigned by your instructor) of the safety awareness experiences shown for preschool children.
2. Check with the caregiver of the room to decide which children might be involved in the experience.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the ages of the children involved? How did the children respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: Do What I Do *Approximate age(s):* 3 to 5 years
Purpose(s): To practice safe use of outdoor play equipment
Child(ren) who might be involved: _____
Materials needed: None
Introduction: Ask how many children have ever played "Follow the Leader."

Caregiver's Role: Ask how the game "Follow the Leader" is played. Explain that everyone does what the person in front of her or him does. Tell them you are going to be the leader in a game called "Do What I Do." Explain that this game is to help learning how to use play equipment safely. Have the children follow you around the playground and copy your actions. For example, go carefully up the slide, holding onto the hand rails, and wait for others to get out of the way at the bottom before going down. Use exaggerated actions and words as you play the game. Follow the game with a discussion about safety.

Anticipated Children's Role: The children will watch you, and imitate your actions and words. After they have played the game with you as a leader, one of the children can be chosen as a leader to show other kinds of safe behavior. This offers the teacher a chance to observe the children's participation.

Results:

EXPERIENCE PLAN

Topic: "What If" Safety Game *Approximate age(s):* 3 to 5 years
Purpose(s): To discuss and act out hazardous situations and discover solutions
Child(ren) who might be involved:
Materials needed: None
Introduction: Ask the children what the word "safe" means.

Caregiver's Role: Briefly discuss the children's comments. Tell them you are going to start a story and let them finish it. Describe a potentially hazardous situation, using names of children in the group. For example, say "John and Susan are playing with the ball. It rolls in front of the swings where Bill is swinging. Tell me the safe thing for everyone to do." Have the children discuss one or two situations. Have them act out several until everyone has a turn. Include situations such as finding broken glass on the playground, or two friends wanting to use the slide at the same time.

Anticipated Children's Role: The children will listen to and discuss the situations. Some children will show an awareness of the need for safe interactions and use of equipment. If the children are allowed to act out imaginary situations, they are more likely to remember what to do in real situations.

Results:

EXPERIENCE PLAN

Topic: Sharing a Safety-related Picture Book *Approximate age(s):* 3 to 5 years
Purpose(s): To provide exposure to a book about safety
Child(ren) who might be involved:
Materials needed: A picture book about a common safety topic
Introduction: Show the children the book and introduce it briefly by telling them what it is about.

Caregiver's Role: Read through the book several times before using it with the children. Think of ways to create an interest in the book through questions, or by relating it to concrete experiences. Read the book with enthusiasm and make sure the pictures are visible to all children. Discuss the pictures. Observe the children's reactions to the story.

Anticipated Children's Role: The children will listen to the story. They will express an interest in it through their discussion and questions. Some children will relate their own experiences to the story. If the story is related to a recent happening at the center, it will be more meaningful to the children. For example, a story about fire safety is easier for children to understand following a field trip to a local fire station.

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 30

LEARNING OBJECTIVE

Plan and provide an age-appropriate experience to promote safety awareness in preschool children.

DIRECTIONS

1. Using the form below, plan an activity which promotes safety awareness in young children.
2. Arrange to present the activity to a group of preschool children.
3. Carry out the experience as planned.
4. Note the results of the experience. In what ways did the activity seem appropriate for the ages of the children involved? How did the children respond? What might be done differently?

EXPERIENCE PLAN

Topic: _____ *Approximate age(s):* _____
Purpose(s): _____
Child(ren) who might be involved: _____
Materials needed: _____
Introduction: _____

Caregiver's Role:

Anticipated Children's Role:

Results:

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives

Health and Hygiene Unit IV

Environment and Equipment

- Summarize state, local, and funding agency guidelines regarding health in the child care center.
- List health care supplies that should be easily accessible to all children and caregivers.
- List personal health care supplies that should be on hand for individual children's use.
- Maintain a clean and sanitary child care environment.
- Describe proper levels of temperature, lighting, and ventilation in the child care center.

Promoting Good Health and Hygiene

- Conduct a daily health check of children as they arrive at the center.
- Model for and guide children in the use of good health habits.
- Observe sanitary habits in the care of infants, toddlers, and preschoolers.
- Provide age-appropriate experiences which promote good health habits in young children.
- Plan daily routines which provide time for health care, sleep or rest, vigorous play, quiet play, and nutritious meals and snacks.
- Discuss hygiene practices to observe when caring for the handicapped child.

An Overview

Health and hygiene are major concerns of parents and caregivers. A clean and sanitary environment is essential at the child care center. Caregivers need to model good health habits consistently as well as to encourage them in young children. A brief discussion of these topics follows. Students may study the references at the end of the overview for more in-depth information.

Environment

In providing a healthful child care environment, caregivers need an awareness of state, local, and funding agency guidelines. Caregivers are responsible for following these standards and other recommended health care practices which ensure the health of children and caregivers.

Standards. State licensing and local health department standards for child care centers provide guidelines about health care practices. Many state standards require centers to obtain proof of a child's health at the time of enrollment. A statement signed by a physician or a state-approved health service may be necessary. Centers are also required to maintain health care records. For example, immunization records which show that a child's immunizations are up-to-date may be required. Staff health records are also kept on file. State standards may specify how to care for sick children and what routine hygiene practices must be followed. Both state and local standards specify requirements for health inspections and cleanliness of the building, grounds, and equipment. Other guidelines regard waste, sewage, and garbage disposal; insect and rodent control; and kitchen sanitation and food preparation. Centers which receive funding from outside sources must also meet the funding agency's guidelines.

Supplies. Health care supplies which need to be available to caregivers and children include facial tissue, paper towels, hand soap, toilet tissue, and wastebaskets. Young children can learn to take care of many of their own health needs if these supplies are accessible. For example, even toddlers can learn to blow and wipe their noses and dispose of the used tissue properly. Paper towels and soap in low, easy-to-use dispensers are helpful in teaching children to wash their hands. Children also

benefit from having personal health care supplies at the center. A comb or hairbrush, toothbrush, toothpaste, and a clean change of clothing help children take pride in their appearance. Children's personal items should be stored in separate containers to control the spread of illness.

Maintenance. To maintain a healthy environment, caregivers must work as a team. Everyone must be aware of routine tasks which are necessary for a clean, sanitary center. Individuals may be assigned specific duties, but everyone needs to know what has to be done and how. A custodian or housekeeper is usually responsible for much of the cleaning required, such as cleaning restrooms daily, mopping, and removing garbage. Caregivers may be asked to keep their rooms clean. These tasks include cleaning and disinfecting sleeping equipment, wastebaskets, toys, and diapering areas. Caregivers should also see that children's sleeping and personal supplies are labeled with the children's names. Someone will also be assigned the task of laundering bedding. Infant crib bedding is changed and washed daily. Toddlers' and preschoolers' bedding is laundered at least once a week or as needed. If caregivers are assigned any of these housekeeping tasks, they do them during periods when they do not have direct responsibility for the care of a group of children.

Adequate lighting, ventilation, temperature, and humidity contribute to a healthful environment. Proper levels of lighting are provided by a combination of window and artificial lighting. Rooms, hallways, and stairways must be well-lighted to prevent accidents. Adequate ventilation allows fresh air to circulate throughout a room without creating a floor draft. To keep children from becoming overheated or chilled, it is helpful for each room to have a thermometer. Centers in dry climates need to use humidifiers or cool mist vaporizers when the humidity is low.

Promoting Good Health and Hygiene

To promote good health and hygiene, caregivers make daily health checks and guide children in the use of good health habits. They also observe sanitary health practices when caring for children.

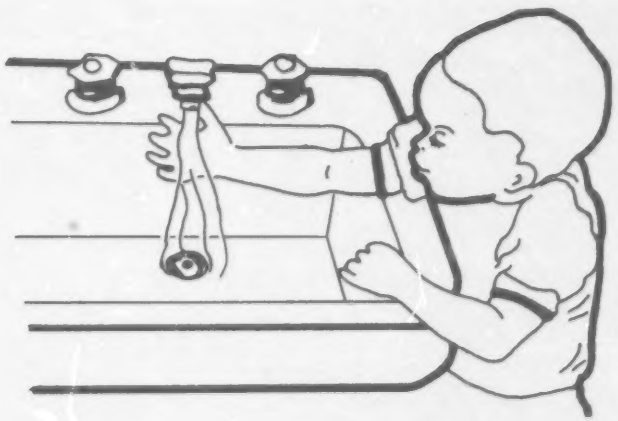
Health Check. Making a daily health check of each child requires specific observations. To make effective health checks, caregivers need to know the signs that indicate both health and illness. Indications of health include clear eyes and skin, good posture, energy, clean and shiny hair, normal teeth, pink gums, and normal height and weight. Illness may be indicated by discharges from eyes, ears, or nose; sores or rashes; frequent scratching; rubbing or pulling at the ears; red or watery eyes; red, swollen gums; enlarged glands; or pale skin. A routine morning health check as children arrive ensures that sick children are returned home for proper care. Throughout the day, caregivers continue to observe for signs of illness. They should be alert to any sudden changes in eating, sleeping, toileting, or other patterns. For example, if a child who usually plays vigorously sits quietly during a favorite activity, the caregiver may suspect illness.

In addition to illness, caregivers need to know the signs of seeing or hearing difficulties. If a child holds a picture book very close or very far away, always sits at the front during group time, squints or rubs the eyes, or complains of frequent headaches, caregivers should take note that the child may have problems seeing. Hearing problems may be indicated if the child's head is usually turned to one side while the child is listening, if the child pokes or pulls at the ears, if the child repeatedly fails to follow directions or if the child uses a loud voice. If caregivers become aware of any possible health problems, it should be reported to the center's director. The caregivers, director, and parents can then work together to find a source to further check the child and provide treatment.

Guidance. Young children learn through the imitation of adult actions. If caregivers always wash their hands before eating, young children will want to do the same. Caregivers who talk about what they are doing reinforce learning. For example, talking about the steps in washing hands, as the caregiver or child does this, helps the child remember what is done. Children need frequent reminders about important health habits. Habits which toddlers and preschoolers can develop include covering the mouth and nose when sneezing or coughing, blowing the nose into a tissue, and washing the hands after toileting and before eating. Children can also learn to flush the toilet, and dispose of their own paper towels and used tissues. Books, games, field trips, and other activities also provide helpful health experiences.

Routines. In planning daily routines, it is important to consider children's health needs. Adequate time for sleep or rest, vigorous play, and nutritious meals and snacks is essential. When based on children's needs, such routines promote health.

Children's needs for sleep depend partially on their rate of growth and their activity levels. Infants require more sleep than older children. Newborns sleep as much as twenty hours a day. By the age of one, children's sleep needs are decreasing. One-year-olds sleep about 12 hours a day. Toddlers and preschoolers sleep less but continue to need regular rest or naptimes. After about age three, some children resist naps. This resistance is normal, and caregivers can let these children rest quietly with a book or soft toy.



All children will be more likely to rest or sleep if caregivers take time to establish the right atmosphere. Quiet activities before resting set an appropriate mood. Darkening the room and using quiet, gentle movements also encourages resting. When arranging the room for naptime, caregivers should place cots at least three feet apart. Arranging cots in this way discourages disturbances such as poking or talking. This arrangement is also a health precaution in that children will not breathe or cough on one another. If space is limited, children sleeping next to each other should be lying in different directions. That is, one child's head should face the next child's feet.

Vigorous play is needed to develop strong, healthy bodies. Infants are physically stimulated when they are placed in different positions and provided with interesting items to reach for and manipulate. Playing games with the caregiver is also stimulating. As children develop, time and space are needed for crawling, exploring, pulling up, and playing alone, with other children or with the caregivers. Toddlers and preschoolers benefit from routines which alternate quiet play with vigorous, active play. The indoor and outdoor environments should provide a variety of age-appropriate equipment which gives children a choice of activities. Planned activities should emphasize the use of current physical skills, but opportunities to develop new skills should be included.

Young children need to nourish their bodies at regular intervals during the day. They need a mid-morning and mid-afternoon snack as well as a good lunch. Caregivers should encourage children to drink plenty of water during the day, especially in warm weather.

When caregivers follow these recommended guidelines, children not only have a healthy environment in which to play, but they acquire lifelong good health habits.

REFERENCES

Hutchins, Bobbie. *Child Nutrition and Health.*
Southwest Educational Development Laboratory. *Child Health and Safety Series.*

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 31

LEARNING OBJECTIVE

Conduct a daily health check of three children.

DIRECTIONS

1. Arrange to conduct a daily health check of three children over the age of 18 months.
2. Use a form provided by your instructor in class or a health check list from one of the references.
3. Answer the questions below.

KEY QUESTIONS

Ages of the Children: _____ _____ _____

Describe each child's general appearance.

Describe any possible health problems you noted.

How did you feel about the experience? How do you feel about using health check lists? Note any problems you had.

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 32

LEARNING OBJECTIVE

Observe the modeling of good health habits by caregivers in a child care center.

DIRECTIONS

1. Arrange to observe a group of children and their caregivers.
2. Be alert for caregiver behaviors which model good health habits.
3. Answer the questions below.

KEY QUESTIONS

Age Group Observed. _____

Describe three incidents you observed of caregivers modeling good health habits.

Describe the responses of the children who noticed the caregiver's behavior in each instance.

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 33

LEARNING OBJECTIVE

Observe types of health care supplies at a child care center and how they are stored.

DIRECTIONS

1. Observe the kinds of health care supplies used by children and caregivers in a child care center.
2. Observe how these items are stored.
3. Answer the questions below.

KEY QUESTIONS

List personal health care supplies which children keep at the center.

Describe how the children's personal health care items are stored.

List general health care supplies kept at the center.

Describe how each health care supply is made available to caregivers and children. Are items low enough for children to reach, difficult to use, etc.?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 34

LEARNING OBJECTIVE

Observe a rest time for toddlers or preschoolers in a child care center.

DIRECTIONS

1. Arrange to observe the rest time routine at a child care center. Plan to be there just before, during, and at the end of the rest time.
2. Answer the questions below.

KEY QUESTIONS

Ages of the Children Observed: _____ Number of Children: _____

Child-staff Ratio During Rest Time: _____

List and describe rest or naptime equipment.

How did the children know it was rest time? Include a description of the room arrangement and the caregivers' behavior that let the children know it was rest time.

Describe a caregiver's response to: 1) a child who resisted rest time, 2) a child who woke up early, 3) a child who was not sleepy, 4) a child who was disturbing others who were sleeping or resting.

Describe how rest or naptime ended. Include a description of how children were awakened.

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 35

LEARNING OBJECTIVE

Change an infant's or toddler's diaper in a sanitary manner.

DIRECTIONS

1. Observe a caregiver changing diapers long enough to become familiar with the procedure.
2. Change a diaper for an infant or toddler, following the procedures observed.
3. Be sure to record the elimination information requested on the center's daily report form for that child.
4. Answer the questions below.

KEY QUESTIONS

Child's First Name: _____ Age in Months: _____

Describe the diaper-changing area. Include the location of the area, a description of the diapering surface, and a list of supplies kept in the area and how they are stored.

Describe the steps you followed in changing the diaper. List each step in order. Include how you disposed of or stored the soiled diaper.

Which of the procedures helps prevent the spread of illness?

How did you and the child respond to each other?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 36

LEARNING OBJECTIVE

Provide age-appropriate experiences focusing on simple health concepts for toddlers.

DIRECTIONS

1. Select one (or more if assigned by your instructor) of the health awareness experiences shown for toddlers.
2. Check with the caregiver of the group to decide which child(ren) might be involved.
3. Prepare the materials needed or make necessary arrangements.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: Happy Noses *Approximate age(s):* 18 to 36 months
Purpose(s): To show toddlers how to blow their noses
Child(ren) who might be involved: _____
Materials needed: Tissues, feathers
Introduction: Ask the children how they can make a feather move.

Caregiver's Role: Show the children how to make a feather move by blowing on it softly through your mouth. Invite the children to do the same. Ask them to feel the air coming out of their mouths. Then show the children how to make the feather move by blowing gently through your nose. Have them feel the air as you blow. Ask the children if they can keep their mouths closed and blow through their noses to move feathers.

Anticipated Child(ren)'s Role: The children will imitate the caregiver's actions. They will first move the feather by blowing through their mouths. This will be an enjoyable activity for most toddlers. Blowing through the nose is more difficult as many toddlers confuse blowing with sniffing. If the children are successful, explain this is how they can blow their noses. Let them practice, using a tissue. Stress blowing gently into the tissue and wiping the nose.

Results:

EXPERIENCE PLAN

Topic: Bathing the Babies *Approximate age(s):* 18 to 36 months
Purpose(s): To provide an experience using personal health care items in a play situation
Child(ren) who might be involved:
Materials needed: Dolls, small plastic tubs, soap, warm water, towels, washcloths, aprons
Introduction: Have the housekeeping area set up with materials for bathing the dolls.

Caregiver's Role: Have the children who are interested put on aprons. Ask them what they see in the housekeeping area. Help them identify the items, and explain that the children are going to bathe the dolls. Have the children undress the dolls and bathe them. Encourage them to use the soap, and to rinse the dolls well. Help the children dry and dress the dolls when the bath is over. Ask about why we take baths. Listen to the children's discussion. Talk about bathing to stay clean.

Anticipated Child(ren)'s Role: Water play is enjoyable and relaxing to many children. Some will talk about their own bathtimes while bathing the dolls. Hearing the names of the bath items being used during play is helpful for toddlers who are beginning to label objects.

Results:

EXPERIENCE PLAN

Topic: Dressing for the Weather *Approximate age(s):* Over 30 months
Purpose(s): To practice choosing appropriate clothing for the weather
Child(ren) who might be involved:
Materials needed: Tag board, scissors, construction paper, felt markers
Introduction: Talk with the children about the kinds of clothes they wear in different kinds of weather.

Caregiver's Role: Make one or two large paper dolls from tag board. From construction paper, cut out basic clothing worn in different kinds of weather. Mark on buttons, zippers, etc., with markers. Do not cut clothing with fold-over shoulder tabs. This activity should be done with the dolls placed on a flat surface. Place a coat on a doll and ask why people wear coats. Talk about clothes for hot weather, cold weather, and rainy weather as the children choose clothes for the dolls. Then ask children to dress the dolls in clothing for specific kinds of weather you name.

Anticipated Child(ren)'s Role: Children may choose clothing for the dolls because they like the color or for reasons unrelated to weather. They should be allowed to experiment with the clothing in this way. Your comments about the weather can be casual and related to the children's choices. Gradually, the children may be able to respond to specific requests to find suitable clothing for certain kinds of weather.

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 37

LEARNING OBJECTIVE

Plan and provide an age-appropriate experience to promote health awareness in toddlers.

DIRECTIONS

1. Using the form below, plan an activity which promotes health awareness in toddlers.
2. Arrange to present the activity to a group of 18- to 36-month-old children.
3. Carry out the experience as planned.
4. Note the results of the experience. In what ways did the activity seem appropriate for the age(s) of the child(ren) involved? How did the child(ren) respond? What might be done differently?

EXPERIENCE PLAN

Topic: _____ *Approximate age(s):* _____
Purpose(s): _____
Child(ren) who might be involved: _____
Materials needed: _____
Introduction: _____

Caregiver's Role:

Anticipated Child(ren)'s Role:

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 38

LEARNING OBJECTIVE

Provide age-appropriate experiences on simple health concepts for preschool children.

DIRECTIONS

1. Select one (or more if assigned by your instructor) of the health awareness experiences shown for preschool children.
2. Check with the caregiver of the room to decide which children might be involved.
3. Prepare the materials needed.
4. Carry out the experience as planned.
5. Note the results of the experience. In what ways did the activity seem appropriate for the age of the children involved? How did the children respond? What might be done differently next time?

EXPERIENCE PLAN

Topic: Grooming Grab Bag *Approximate age(s):* 3 to 4 year olds
Purpose(s): To identify personal health care items
Child(ren) who might be involved: _____
Materials needed: Comb, hairbrush, nailbrush, hand mirror, toothbrush, emory board, sack
Introduction: Place the items in the sack before the activity begins. Tell the children there are some things in the sack that people use in taking care of themselves.

Caregiver's Role: Ask for ideas of what the items might be. Listen and comment briefly on the guesses. Have the children take turns reaching in the sack and feeling one object. Ask for a description of the object and a guess about what it is. Then the item can be taken out of the sack. Briefly discuss why each item is important for personal health care.

Anticipated Child(ren)'s Role: The children will guess what grooming or health care items are in the sack. Each child will have a turn to feel an item, describe it, and guess what it is. This can motivate a discussion about ways children can care for themselves.

Results:

EXPERIENCE PLAN

Topic: A Thorough Toothbrushing *Approximate age(s):* 4 to 5 years
Purpose(s): To show children food which remains on teeth after eating
Child(ren) who might be involved:
Materials needed: Red stain tablets for teeth, toothbrush, toothpaste, and mirror for each child
Introduction: After children have eaten, invite them to examine their teeth in the mirror.

Caregiver's Role: As the children look at their teeth, ask them if they can see food particles. Tell the children that food particles left on the teeth are the cause of tooth decay. Ask the children to brush their teeth as usual. Now ask them to look for food particles. Tell the children that they can chew a red tablet that will show them where food particles were left on the teeth. After the children have chewed the tablets, let them examine their teeth once more. The red stain will appear on the teeth where food still remains. Explain that sometimes we can't always see the food particles, so we must brush our teeth well each time after we eat.

Anticipated Child(ren)'s Role: The children will become aware of food left in the mouth after eating. They are already developing the habit of brushing their teeth, but may not always do a thorough job. The red stain will help them see that even though their teeth look clean, if they did not do a good job brushing, invisible food particles can still remain.

Results:

EXPERIENCE PLAN

Topic: Exercise–the Heart and Lungs *Approximate age(s):* 4 to 5 years
Purpose(s): To show children how the heart and lungs work during exercise
Child(ren) who might be involved:
Materials needed: None
Introduction: While outdoors, invite children to sit in a circle. Do this before the children have played.

Caregiver's Role: Talk with the children about exercise and how important it is for the body. Do this by asking questions such as, "Why do our bodies need exercise?" Explain to the children that when we exercise, our body acts differently than when we are at rest. "What do you think happens inside your body when you play hard?" Have the children check their heartbeat and listen to their breathing before they get up. Now ask the children to play a game with you. Plan a game that calls for lots of movement. After the children have played, ask them to check their heart rate and breathing. "What is different?" Guide the children in observing the increased rate of heartbeats and breathing.

Anticipated Child(ren)'s Role: During the discussion the children will tell you what they know about exercise and their bodies. They will learn how to observe their heart rate and breathing while resting, and compare it to the rates after exercise. The activity may stimualte the children to ask questions about why the heart rate and their breathing increase. [NOTE: This activity might be done using a stethescope to check heart rate.]

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 39

LEARNING OBJECTIVE

Plan and provide an age-appropriate experience to promote health awareness in preschool children.

DIRECTIONS

1. Using the form below, plan an activity which promotes health awareness in preschool children.
2. Arrange to present the activity to a group of three-, four-, or five-year-old children.
3. Carry out the experience as planned.
4. Note the results of the experience. In what ways did the activity seem appropriate for the age of the children involved? How did the children respond? What might be done differently?

EXPERIENCE PLAN

Topic: _____ *Approximate age(s):* _____
Purpose(s): _____
Child(ren) who might be involved: _____
Materials needed: _____
Introduction: _____

Caregiver's Role:

Anticipated Child(ren)'s Role:

Results:

PARTICIPATION EVALUATION

Name of Student Observed: _____ _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives
Illness Unit V

Prevention

- Explain how illnesses are spread.
- Describe practices for the prevention of illness.
- Summarize the recommended immunization schedule for young children.
- Assist in maintaining health care records in the child care center.

Recognition

- Name and describe the symptoms of common childhood illnesses.
- List the signs of possible illness.

Caregiver Responses to Children's Illness

- Summarize state and funding agency guidelines regarding the care of sick children.
- Explain caregiving procedures to observe once a child is thought to be ill.
- Administer medications according to parent's or physician's written directions and the child care center's policies.

An Overview

Illness is an unavoidable fact of life for young children and their caregivers. However, every effort should be made to control the spread of diseases through the child care center. Caregivers must recognize both the general and specific signs of common childhood diseases. Once recognized, caregivers should know how to care for the sick child, when to send for the parents, and how to give medications once the child has returned from home. Prevention, recognition, and caregivers' responses to illness are briefly discussed below. Students can find more detailed information in one of the references listed at the end of the overview.

Prevention

Most of the health care practices described in the unit on health and hygiene, Unit IV, are followed in order to control the spread of disease. The reasons for such emphasis on hand washing and other sanitary practices are due to the ways in which diseases are spread. The most common way that diseases are spread is by the respiratory system (nose, mouth, lungs). When an individual sneezes or coughs, small droplets of moisture enter the air. Another person nearby may breathe in some of these droplets which contain the disease microorganism (a small, or microscopic living thing). The other person is now infected and may also become ill. Another way that diseases are spread is through physical contact. Anytime a caregiver changes an infant who has diarrhea, the microorganisms can be transferred to the caregiver's hands. From there, the caregiver can contaminate other objects or children. This is why hand washing before and after diapering is so important.

The microorganisms which cause diseases in young children are either viruses or bacteria. Viruses are the most common. They cause diseases such as measles, German measles, mumps, and the common cold. Bacteria are responsible for whooping cough, tetanus, and pinkeye.

Most diseases, once they are introduced in the body, go through several stages. The first stage is incubation. During this period, the microorganism multiplies. The child at this point may show

no signs of illness. However, the child is usually contagious toward the end of the incubation period. The child will remain contagious throughout the second stage when the body reacts to the disease and begins to *show signs of illness.* The signs of illness vary among diseases; however, general signs are easily recognized. (These will be discussed in the next section.) The last stage is known as the *convalescent.* The child is recovering and the signs of illness are diminishing.

It is easy to see why consistent health care practices are essential in the child care center. A child may be spreading a disease before caregivers realize that the child is sick. For this reason, caregivers must never relax their efforts to model good health habits. Consistent guidance of young children in acquiring such habits as washing before meals and after toileting, and covering the mouth and nose when sneezing or coughing will help control the spread of disease.

Immunizations are another important way to control diseases. When a child is immunized, a less harmful form of the virus or bacteria, called a *vaccine*, is injected into the body. The body then begins to develop special *antibodies* which can fight the particular disease in the future. All the children enrolling in the child care center should have their immunizations kept up-to-date. At the present time, children can be immunized for diphtheria, tetanus, whooping cough, measles, rubella, mumps, polio, and smallpox. Some of the vaccines can be given in one shot. Often, *booster shots* are needed following the first immunizations. Booster shots ensure that enough antibodies have been built up in the body.

Each child's immunization record is kept on file at the center in a health folder. In addition, such folders should contain a medical history of the child, special instructions (such as a list of allergies), a consent form for emergency medical care, developmental check lists, growth charts, accident reports, and observations and actions related to illness. Caregivers contribute much of this information to the child's health care record.

Recognition

Though caregivers should recognize the signs or *symptoms* of childhood diseases, they are not expected to diagnose the disease. A physician can tell the parents what disease the child has, and prescribe the needed medication. The general signs of illness are evident on the daily health check list. For example, the caregiver who notices a child with a rash, fever, deep cough, or diarrhea suspects that the child is ill.

Some symptoms of common childhood illnesses which caregivers may encounter are:

Chicken pox–slight fever accompanied by tiny blisters which appear clear on the tops; blisters itch and break easily when scratched.
Infectious hepatitis–nausea, vomiting, extreme tiredness; often pain in the upper abdomen; jaundice may appear.

Pinkeye—red or pink eyes; discharge from the eyes; lids are usually crusted.
Influenza (flu)—fever, chills, headache, sore throat, cough, lack of energy, and sore muscles.

Charts which list the signs of many other diseases, the incubation period, and how long the child should remain away from the center are available through city and county health departments, the state child care licensing office, and doctors' offices. Caregivers should have a chart handy for quick reference.

Caregiver Responses to Children's Illness

If the daily health check indicates that a child is ill, the parent should take the child home or arrange for other care. Caregivers should note the observations on the check list and complete necessary report forms for the child's health record. The child should remain away from the center until the symptoms of the illness are gone or until a physician has approved the child's return.

Many times a child will appear healthy at the morning check but begin to display symptoms during the day. For example, a caregiver may notice that the behavior of a normally active child is suddenly listless, or that a child is pulling frequently on one ear. Caregivers should continue to observe the child until they decide that the symptoms are significant. At this point, it is wise to remove the child from the group and call the parent to come for the child.

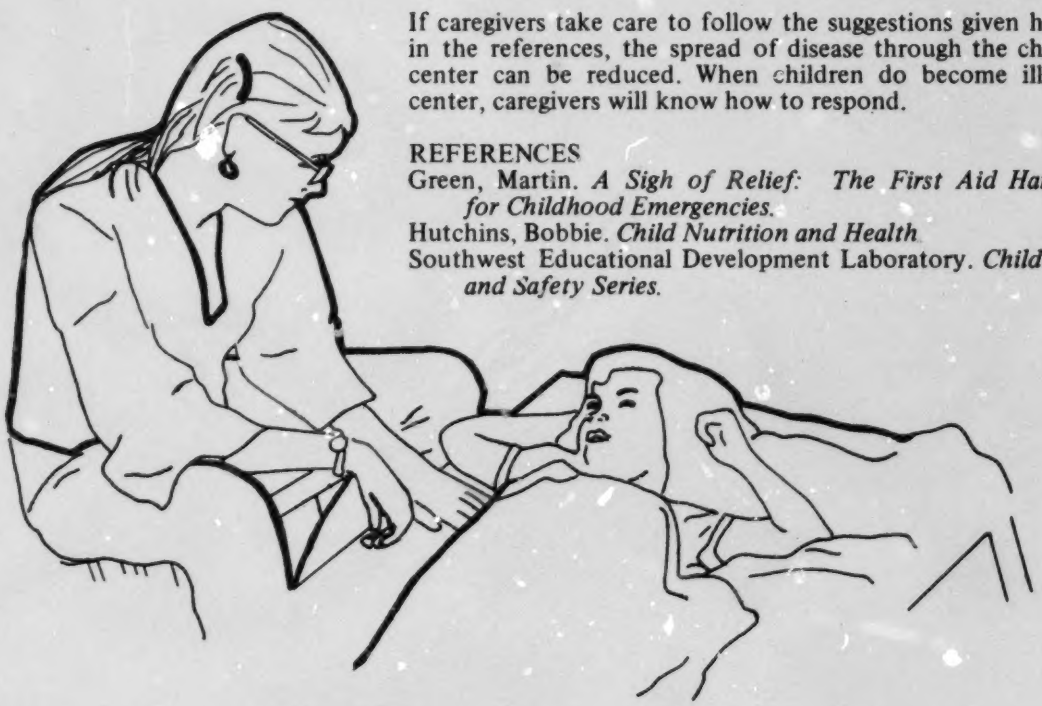
During the waiting period, before the parent can make it to the center, the child should be comfortable and quiet. Someone needs to remain with the child to provide assurance and security until the parent arrives. Several caregiver responses may be needed during this time. If the child is suspected of having fever, the temperature should be taken. The *axillary* or underarm method is recommended. The temperature reading on the thermometer will register one degree lower than the temperature taken orally. If the temperature is higher than 102° F, the caregiver should try to cool the child down. This can be done by removing most of the child's clothing, and sponging the skin with lukewarm water. Children might be given sips of water or ice chips. Other responses may call for the caregiver to assist the child to the restroom. If an accident happens before the child can make it to the restroom, the caregiver should be reassuring and clean the child gently. It is also important at this time for the caregiver to write down all the symptoms observed and what actions were taken. This information needs to be given to the parents, and a copy placed in the child's health folder.

If parents find that their child has a contagious disease, they need to tell the center director. Other parents can then be informed, and everyone can be alerted to the symptoms.

Children recover quickly from most illnesses and may return to the center in a day or two. If medication has been prescribed, caregivers must administer the proper amount according to the parent's or physician's written instructions. Liquid medications can be given easily with a large plastic syringe marked at the teaspoon level. The medication is squirted slowly into the child's cheek. The syringe is sterilized after each use. Ear drops can be given when the child's head is placed in the caregiver's lap. The rate of drops can be checked by squeezing a few onto a tissue. In this way caregivers can give the proper number. Eye-drops can be given by pulling out the lower lid gently and letting the drops fall into the eye. In infants, an eye ointment can be applied to the lower lashes, where it will gradually work into the eye.

All medications should be labeled with the date, child's name, and type of medication. They should be stored according to the directions on the label; some, for example, need to be refrigerated. All medications should be placed out of reach of the children. A record of when and how much medication is given by the caregiver should be made after each dosage is given.

If caregivers take care to follow the suggestions given here and in the references, the spread of disease through the child care center can be reduced. When children do become ill at the center, caregivers will know how to respond.



REFERENCES

Green, Martin. *A Sigh of Relief: The First Aid Handbook for Childhood Emergencies.*

Hutchins, Bobbie. *Child Nutrition and Health*

Southwest Educational Development Laboratory. *Child Health and Safety Series.*

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 40

LEARNING OBJECTIVE

Examine the system used by a child care center to obtain and keep children's health records.

DIRECTIONS

1. Interview the person responsible for gathering and maintaining children's health records in a child care center.
2. Examine the health forms used by the center, including health history forms, physical examination forms, and immunization forms.
3. Answer the questions below.

KEY QUESTIONS

List all of the health forms used by the center.

How and when does the center obtain the information for each of the above forms?

What is the most important health background information needed by the child care center? Why is this information so important?

How often are each of the health forms updated? How is the updated information obtained?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 41

LEARNING OBJECTIVE

Interview a caregiver regarding procedures followed in caring for a sick child.

DIRECTIONS

1. Interview a caregiver about the procedures followed when a child becomes ill. *Or:* If during your visit to a child care center, a child becomes ill, observe the procedures followed.
2. Answer the questions below.

KEY QUESTIONS

How does the caregiver decide when a child is sick enough to provide special care, such as rest away from the other children?

How is the decision made to contact the parents to pick up a sick child?

List the steps followed in caring for a sick child. Include information about who stays with a child who has been isolated.

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 42

LEARNING OBJECTIVE

Observe immunizations being given to young children at a health clinic or child care center.

DIRECTIONS

1. Accompany a caregiver and children to a health care clinic to observe immunizations. *Or:* If immunizations are given at the center, observe this procedure. *Or:* Visit a clinic on a day regularly scheduled for immunizations.
2. Answer the questions below.

KEY QUESTIONS

Describe the process of immunizing a child. Include a description of the equipment used, and the steps involved. Describe how immunizations were recorded and who was responsible for this.

What types of immunizations were given? How many did the children receive during the session?

Describe adult behaviors which were helpful in preparing children to deal with the immunizations.

Describe the behavior of one child who seemed to understand and deal with the process in a positive way.

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 43

LEARNING OBJECTIVE

Practice taking a child's temperature with a thermometer.

DIRECTIONS

1. Read the information about "Using a Thermometer," p.p. 104-105.
2. Arrange to practice taking a preschooler's temperature using the axillary method.
3. Be sure the child is willing to help and is comfortable.
4. Answer the questions below.

KEY QUESTIONS

Describe the steps you followed.

Describe the child's behavior during the process.

Did you have any problems? Describe.

Think of ways to encourage a child to cooperate while having the temperature taken. Describe some of the ways.

Using a Thermometer

Knowing how to take a young child's temperature and how to read a thermometer accurately are important skills for caregivers. Two kinds of thermometers are available—oral and rectal. The oral thermometer has a longer tip whereas the rectal thermometer has a bulb on the end. Both types have the same markings. An arrow marks the point of a normal temperature at 98.6° F.

Three methods can be used to check temperature—oral, rectal, and axillary. The axillary or underarm method is recommended for use by child caregivers because it is the safest. With the oral method, the child may bite the thermometer or let it slip from the mouth. In the rectal method, the rectum might be punctured if the thermometer is not handled carefully or if the child moves.

To use the axillary method, hold a rectal thermometer firmly by the glass end. Flick your wrist sharply to move the mercury below the 98.6° F mark. Remove the child's shirt or dress, or take one arm out of a sleeve. Raise the child's arm and place the silver end of the thermometer in the armpit. Lower the child's arm and place it across the child's chest. Gently hold the child's arm in this position for three minutes. If the child sits on your lap, you can read a favorite story to pass the time.

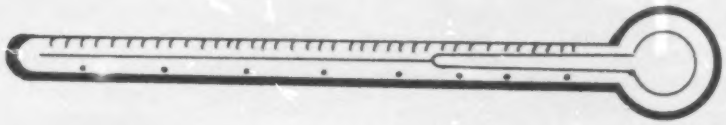
To read the thermometer, hold the silver end with the thumb and index finger of the left hand. Grasp the other end with the right fingers. Turn the thermometer so that the markings are visible. Rotate it slightly to see the silver line of mercury beneath the numbers. The point where the mercury has stopped indicates the temperature. The axillary method will result in a temperature reading which is one degree lower than the oral method. Be sure to note that the axillary method was used when recording temperatures for the parents or physician.

Remember to sterilize the thermometer after each use by soaking it in alcohol for at least 30 minutes. If you will be checking the child's temperature periodically after the first check, use the same thermometer. Different thermometers may register differently. Also remember that a child's temperature will be higher after vigorous play, so wait until the child has been inactive for a while before taking the temperature.

Always follow these safety tips:

1. Remember that mercury is a poison and a broken thermometer is extremely dangerous to young children.
2. Do not run hot water over a thermometer.
3. When shaking a thermometer, always hold it over a soft surface. If it slips from your grasp, the thermometer could shatter on a hard surface.
4. Never leave a thermometer within reach of a child.
5. Never leave a child alone while the temperature is being checked.

There are several other methods that can be used to check a child's temperature. For example, heat sensitive temperature strips, placed against the forehead, show if the child has fever. Many hospitals use plastic tabs which are placed in the mouth and change color when fever is present. Ask your instructor to help you find out more about these methods.



PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____

Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction of the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in the specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Terms and Definitions

Glossary of Terms

abrasion
An injury caused by scraping the skin on a rough surface.

abuse
Physical or emotional damage, often resulting from extreme, misdirected attempts to discipline, or from neglect.

age-appropriate
Suited to a person's age or preferably to a person's developmental level.

allergic reaction
A condition caused by an allergy, or sensitivity, to a substance. Food allergies cause reactions such as nausea, constipation, skin or mouth irritations, or breathing difficulties.

anemia
See *iron-deficiency anemia.*

antibodies
Disease-fighting substances.

ascorbic acid
Another name for vitamin C.

axillary method
A method of checking for fever in which a thermometer is placed between the arm and the body at the armpit.

booster shot
A vaccination given at a set interval, following the first immunization, to maintain protection against certain diseases.

botulism
A rare and extremely dangerous food poisoning which occurs mainly in canned foods.

calorie
A measurement of the amount of energy available in a food. See also *kilocalorie.*

carbohydrate
A nutrient used to meet the body's energy needs. Starches and sugars are carbohydrates.

clostridium perfringens
A disease-causing microorganism found in food. Foods insufficiently heated, or allowed to cool or thaw at room temperatures, are more likely to cause illness from this microorganism.

contaminate
To infect by contact.

convalescent
The period of recovery from an illness during which the signs of illness diminish.

cycle menu
A menu planned and used in cycles, repeated at set intervals.

Daily Food Guide
A guide developed by the U. S. Department of Agriculture as a basis for planning nutritious meals and snacks. The guide states the number and size of servings recommended from four of the five basic food groups.

deficiency
Having too little of an essential nutrient to maintain health.

dental caries
Tooth decay-causing cavities.

development
An increase in ability.

diabetes
A disease in which the body cannot control its blood sugar levels.

dietary restrictions
Foods not included in the diet due to physical causes or family values. Some diseases or illnesses make dietary restrictions necessary, such as galactosemia, which causes an intolerance to milk.

empty calories
Foods containing calories but no or few nutrients.

family-style meals
Informal food service in which children serve themselves from individual bowls and platters placed on the table.

fat cells
Body cells used to store fats not used immediately.

fats
Energy nutrients which also help the body store excess nutrients.

first aid
Emergency care for sudden illness or injury. First aid is given until medical care is available.

galactosemia
A disorder requiring a strict diet which includes no milk. Galactosemia may cause mental retardation, cataracts, jaundice, poor appetite, and failure to thrive.

growth
An increase in size.

hazards
Conditions which are likely to cause accidents.

hygiene
Practices or conditions which promote health.

immunity
The state of being protected from a disease. Immunizations develop immunity to diseases, such as measles.

immunizations
Injections or vaccinations of less harmful forms of virus or bacteria to develop resistance to certain illnesses.

incubation
The first stage of an illness during which the disease-causing microorganism multiplies. There may be no obvious signs of illness during this period.

infectious
Capable of spreading disease.

iron-deficiency anemia
A condition in which the body lacks enough iron. It is characterized by paleness, fatigue, and lack of appetite.

kilocalorie
Amount of energy needed to raise the temperature of one kilogram of water one degree Celsius. *Calorie* is the common term for *kilocalorie*.

lacto-vegetarian diet
A vegetarian diet in which the only source of protein is milk and other dairy products.

lacto-ovo-vegetarian diet
A vegetarian diet, including protein from milk, other dairy products, and eggs.

legumes
A food category including peas and beans. Legumes are a source of incomplete protein.

menus
Written plans for foods to be served for meals or snacks.

microorganism
A small or microscopic living thing.

minerals
Nutrients which help to regulate the body's processes. The minerals calcium and phosphours are important in bone growth and hardening.

nontoxic
The quality of being nonpoisonous.

nutrients
Substances found in food needed for the body's functions.

nutrition
The use of food by the body.

obesity
The condition of being extremely overweight.

permanent teeth
The second set of teeth, usually lasting until old age or death.

phenylketonuria (PKU)
An inherited disorder in which the body cannot digest certain foods, including milk.

primary teeth
The first and temporary set of teeth.

proteins
Nutrients found in complete form in meats, milk, and dairy products; and found in incomplete form in peas, beans, and nuts. Proteins' main purposes are to repair damaged tissue, and to make new tissue for growth. Proteins can also be used for energy.

pureed
Food which has been blended to a thick liquid-like texture. Pureed foods are easier to digest than solid foods.

Recommended Daily Allowance (RDA)
The daily amount of a nutrient recommended for health. RDAs depend on a person's age and sex.

respiratory system
The breathing system, including the nose, mouth, and lungs.

salmonella
A common bacteria which can contaminate eggs and poultry. If not thoroughly cooked and properly refrigerated, these foods can become infected and cause food poisoning.

sanitation
Practices which prevent the development or spread of disease.

staphylococcus
A common bacteria spread during food preparation when a food handler touches equipment or food while she or he has an infected wound. Food poisoning results when these bacteria come in contact with food which is not heated enough to kill them.

symptom
An indication or sign of an illness.

toxic
Poisonous.

vaccine
A preparation of substances which is given to produce immunity to specific diseases.

vegan-vegetarian diet
A vegetarian diet composed of only plant foods.

vegetarian diet
A diet composed mainly of plant foods. Some vegetarian diets include milk and dairy products and eggs. (See *lacto-vegetarian diet* and *vegan-vegetarian diet.)*

ventilation
A system of circulating fresh air throughout a room.

vitamins
Nutrients which are chemicals in foods, needed by the body in small, specific amounts. Vitamins prevent diseases, and help other nutrients function.

vitamin A
A fat-soluble vitamin found in yellow and leafy, green vegetables. This vitamin promotes healthy skin and vision, and normal growth.

vitamin B complex
A group of related water-soluble vitamins. These vitamins are important in the breakdown of carbohydrates, fats, and proteins during digestion. Enriched, whole-grain breads and cereals are rich sources of these vitamins.

vitamin C
Also known as ascorbic acid. This vitamin helps the body use some minerals. It is also involved in the healing process because it helps form new body tissue. Vitamin C is found in citrus fruits such as oranges and grapefruits.

vitamin D
A fat-soluble vitamin helpful in the body's use of minerals needed for bone and tooth development. It is formed in the skin when sunlight is absorbed through the skin. Vitamin D-fortified milk is the main source of this nutrient in most people's diets.

zone supervision
Supervision of children's play so that caregivers are spread out and in charge of certain areas or zones in the room or outdoors.

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